2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State

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DOCUMENT # L05000077194 1. Entity Name ST. JOHNS AVENUE PROPERTIES, LLC					01-13-2006 90033 013 ****50					0.00
Principal Place of Business Mailing Address										
1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205		1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205				60001238				
		1 - 14 -								
2. Principal P	face of Business	3. Mailing Address			1 10 11 10 11 11	ODIO BUU USA BUU DE	KAR BUBNIK LUBUH, KAL	HE HOTO TOLL USE	161 11 166 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01092006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State				4. FEI Number 20–3	267515		<u> </u>	plied For t Applicable
Żip	Country Zip Cou		Coun	try	••	5. Certificate	of Status Desired		\$5.00 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered /	Agent .	
MCDANIEL, DAVID L				Name						
1651 BLAN	NDING BOULEVARD VILLE, FL 32210			Street Address (I		P.O. Box Numbe	er is Not Acceptabl	e)		
	• •			City		7.3		FL	Zip Code	9
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Fl	orida. Iam	amiliar wier.	anio accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if analyseble (NYTE	- Banana	d &		when renstating)		DATE		
**	Opening types or presentative or registered again.	The rappears.	No grace or	J. Cont. SQUAL	i e recipiraci			DATE:		
	iling Fee is \$50.00 ue by May 1, 2006							te check p a Departm	ayable to ent of Stati	,
9.	MANAGING MEMBE	ERS/MANAGERS	10.			II.	ADDITIONS	/CHANGES		
TITLE				ne Pr		esident		A C R N	Change	Addition
NAME STREET ADDRESS				NAME DE		evid L. N	1cDaniel M	10114		
CITY-ST-ZIP							igewood Av Lle, Flori		205	
TITLE		☐ Delete	mu		V. 1	Presiden	t		☐ Change	Addition
NAME STREET ADDRESS			NAM		Rita	a M. McD	aniel MG	-RM		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	136	5 S. Edg	ewwod Ave	•		
TITLE		☐ Delete	TITL		Jacl	ksonvill	e, Florid	a 3220	5	Addition
NAME			NAM	E						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		Поли		-ST-ZIP			· <u>-</u> · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE NAME		☐ Delete	TITL!						- crange	
STREET ADDRESS			STRE	ET ADDRESS						
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NAME STREET ADDRESS			NAM	ET ADDRESS						
WHILE I MUUNESS			3181	AUUTESS	!					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Plorida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

1110106 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904-387-6195

Daytime Phone #