

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L05000077194 1. Entity Name ST. JOHNS AVENUE PROPERTIES, LLC |  |
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| Principal Place of Business 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205 | Mailing Address 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205 |
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3267515 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCDANIEL, DAVID L 1651 BLANDING BOULEVARD JACKSONVILLE, FL 32210 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCDANIEL, DAVID L 1365 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCDANIEL, RITA M 1365 EDGEWOOD AVE. JACKSONVILLE, FL 32205 |
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01/18/07-80049-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida 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.

SIGNATURE: Rita McDaniel 1/11/07 387-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #