

FILED
Apr 07, 2008 8:00 am
Secretary of State

02-06-2008 90119 005 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000077194		
1. Entity Name ST. JOHNS AVENUE PROPERTIES, LLC		
Principal Place of Business 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205	Mailing Address 1365 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205	
DO NOT WRITE IN THIS SPACE		01192008 No Chg-LLC CR2E083 (12/07)
		4. FEI Number 20-3267515 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MCDANIEL, DAVID L 1651 BLANDING BOULEVARD JACKSONVILLE, FL 32210		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 <u>Rita McDaniel</u> <u>Rita McDaniel</u> 3/4/08 Signature, based on printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reappointing) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDANIEL, DAVID L 1365 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDANIEL, RITA M 1365 EDGEWOOD AVE. JACKSONVILLE, FL 32205	
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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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. <u>Rita McDaniel</u> 3/31/08		