

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077194

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** ST. JOHNS AVENUE PROPERTIES, LLC

**Current Principal Place of Business:**

1365 S. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1365 S. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 20-3267515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDANIEL, DAVID L  
1651 BLANDING BOULEVARD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MCDANIEL, DAVID L  
**Address:** 1365 S. EDGEWOOD AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** MGRM  
**Name:** MCDANIEL, RITA M  
**Address:** 1365 EDGEWOOD AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date