



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90209 026 \*\*\*\*50.00

<b>DOCUMENT # L05000089001</b> 1. Entity Name ST. JOHNS VILLAGE CENTER II, LLC					
Principal Place of Business 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207			Mailing Address 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207		
2. Principal Place of Business 13400 Sutton Park Dr., Suite, Apt. #, etc. <b>Suite 1201</b> City & State <b>Jacksonville, Florida</b> Zip <b>32224</b>		3. Mailing Address 13400 Sutton South Park Dr., South Suite, Apt. #, etc. <b>Suite 1201</b> City & State <b>Jacksonville, Florida</b> Zip <b>32224</b>			
Country <b>USA</b>		Country <b>USA</b>		03162006 Chg-LLC CR2E083 (11/05) 4. FEI Number <b>59-3428648</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>STONEBURNER, GRESHAM R</b> <b>841 PRUDENTIAL DRIVE, SUITE 1400</b> <b>JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>Matt Mochary</b> <b>115 W. 29th St., 10th Floor</b> <b>New York, NY 10001</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/4/06</b> Daytime Phone # <b>646-473-1110</b>		
<b>Matt Mochary</b>					

ATTACHMENT  
200625923  
#L05000089001

STONEBURNER BERRY & SIMMONS, P.A.

ATTORNEYS AT LAW  
841 Prudential Drive, Suite 1400  
Jacksonville, Florida 32207  
(904) 393-9000  
Fax (904) 396-9001

**Gresham R. Stoneburner**  
Direct Dial (904) 348-6852  
[Gresham@jaxbusinesslaw.com](mailto:Gresham@jaxbusinesslaw.com)  
Sandy Caulder/Legal Assistant  
Direct Dial (904) 348-6874  
[scaulder@jaxbusinesslaw.com](mailto:scaulder@jaxbusinesslaw.com)

April 4, 2006

Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

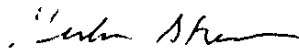
Re: St. Johns Village Center II, LLC  
2006 Annual Report

Dear Sir/Madam:

Enclosed please find the completed 2006 Annual Report for the above limited liability company, together with a \$50.00 check representing the filing fee for same.

Should you have any questions or concerns, please do not hesitate to contact me.  
Thanking you, I remain,

Very truly yours,



Gresham R. Stoneburner

GRS/kaf  
Enclosures  
cc: Matthew Mochary