


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90058 018 \*\*\*\*50.00

<b>DOCUMENT # L05000089422</b>					
1. Entity Name ST. JOHNS 210 INVESTORS, LLC					
Principal Place of Business ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202			Mailing Address 2532 DUPONT DRIVE IRVINE, CA 92612		
2. Principal Place of Business 60 Ocean Blvd.			3. Mailing Address		
Suite, Apt. #, etc. Suite 15			Suite, Apt. #, etc.		
City & State Atlantic Beach, FL			City & State		
Zip 32233		Country USA		Zip	
		Country			
8. Name and Address of Current Registered Agent  COE-BRAD ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Coe, Brad Street Address (P.O. Box Number is Not Acceptable) 60 Ocean Blvd., Suite 15 City Atlantic Beach FL Zip Code 32233	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COX, WILLIAM J 2532 DUPONT DRIVE IRVINE, CA 92612	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KAPLAN, KENNETH M 2532 DUPONT DRIVE IRVINE, CA 92612	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Kenneth M. Kaplan</i> <i>4/27/06</i> <i>949-852-0634</i> SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30010082



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
01-0844190 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

5/1/2006-90058-018-\$50.00-\$50.00

<b>DOCUMENT # L05000089422</b> 1. Entity Name <b>ST. JOHNS 210 INVESTORS, LLC</b>					
Principal Place of Business <b>ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202</b>			Mailing Address <b>2532 DUPONT DRIVE IRVINE, CA 92612</b>		
2. Principal Place of Business <b>60 Ocean Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 15</b>			
City & State <b>Atlantic Beach, FL</b>		City & State <b>Atlantic Beach, FL</b>		4. FEI Number <b>01-0844190</b>	
Zip <b>32233</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COE, BRAD ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Coe, Brad</b> Street Address (P.O. Box Number is Not Acceptable) <b>60 Ocean Blvd., Suite 15</b> City <b>Atlantic Beach</b> <b>FL</b> Zip Code <b>32233</b>		
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 renewing) 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>		
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<b>SIGNATURE:</b> <i>Kenneth M. Kaplan, manager</i> <span style="float: right;">4/27/06 949-852-0654</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

COPY

# ATTACHMENT

KENNETH M. KAPLAN  
ATTORNEY AT LAW  
2532 DUPONT DRIVE  
IRVINE, CALIFORNIA 92612  
EMAIL: kmkaplan2@aol.com

FACSIMILE: (949) 252-2815

TELEPHONE: (949) 852-5895

June 5, 2006

Florida Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

30010082  
#L05000089422

Re: St. Johns 210 Investors, LLC

Ladies and Gentlemen:

Enclosed for filing in the Offices of the Florida Division of Corporations is a corrected 2006 Limited Liability Company Annual Report for St. Johns 210 Investors, LLC. Also enclosed is a copy of the corrected Annual Report. Please endorse file the copy of the Annual Report and return it to me in the self-address stamped envelope which as been provided for your convenience.

If you have any questions, please contact me immediately.

Very truly yours,



Cynthia McDonald  
Assistant to Kenneth M. Kaplan

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Enclosures