


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000089422

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**

30010082



2. Principal Place of Business
60 Ocean Blvd.

3. Mailing Address
 Suite, Apt. #, etc.
Suite 15

01172006 Chg-LLC CR2E083 (11/05)

City & State
Atlantic Beach, FL

City & State

4. FEI Number
01-0844190

Applied For
 Not Applicable

Zip
32233

Country
USA

Zip
 Country

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

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

**Filing Fee is \$50.00
 Due by May 1, 2008**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	COX, WILLIAM J	2532 DUPONT DRIVE	IRVINE, CA 92612	<input type="checkbox"/>
MGR	KAPLAN, KENNETH M	2532 DUPONT DIRVE	IRVINE, CA 92612	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>


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: *Kenneth M. Kaplan* **4/27/06** **949-852-0634**
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

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

DOCUMENT # L05000089422			
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
6. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, KENNETH M 2532 DUPONT DIRVE IRVINE, CA 92612 <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
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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SIGNATURE: <i>Kenneth M. Kaplan, manager</i>		Date: <i>4/27/06</i>	Daytime Phone #: <i>949-852-0654</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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

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
#L05000089A22

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

\cm

Enclosures