## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

**DOCUMENT # L05000089422** 

1. Entity Name

ST. JOHNS 210 INVESTORS, LLC



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

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

Principal Place of Business Mailing Address 2532 DUPONT DRIVE ONE INDEPENDENT DRIVE, 24TH FLOOR 30010082 JACKSONVILLE, FL 32202 IRVINE, CA 92612 2. Principal Place of Business 3. Mailing Address 60 Ocean Blvd. Suite Apt 4 etc. Suite, Apt. #, etc. 01172006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number Atlantic Beach, FL 01-08 Not Applicable Country Country \$5.00 Additional 32233 5. Certificate of Status Desired USA, Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Coe, Brad Street Address (P.O. Box Number is Not Acceptable) 60 Ocean Blvd., Suite 15 ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202 City Atlantic Beach 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 Sgrature, typed or printed name of registered agent and life 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition nne ☐ Delete IIILE ☐ Change COX, WILLIAM J NAME NAME 2532 DUPONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92612** CITY-ST-ZIP MGR Oelete TITLE Change ☐ Addition TUTLE NAME KAPLAN, KENNETH M KHAR STREET ADDRESS 2532 DUPONT DIRVE STREET ADDRESS CITY-SI-ZP **IRVINE, CA 92612** CITY-ST-7IP Oclete une ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ... Delete TITLE Change - Addition NAME MALIF STREET ADDRESS STREET ADDRESS aty-st-zp CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP 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.

manager Klennethem. Kaptan SIGNATURE: MINISTED OR PRINTED HAME OF GENERO MANAGONG MEDICIER, MANAGOR, OR AUTHORIZED REPRESENTATIVE 949-852-0654 Daysme Phone #

2006 LIMITED LIABILITY COMPANY 5/1/2006-90

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

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DOCUMENT # L05000089422								
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	E, FL 32202	IRVINE, CA 92612				) U(/ 1.U		
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2. Principal P	face of Business	3. Mailing Address						
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Suite Apt Suite 1	5 etc.	Suite, Apt. #, etc.			01172006	Chg-LLC	CR2E083 (11/05)	
City & State Atlanti	c Beach, FL	Cny & State			4. FEI Numb	584419	_	oplied For of Applicable
32233	Country USA	Zip	Zip Count		5. Certificate	e of Status Desired	S5.00 Add	
	6. Name and Address of Curren			7. Name an	d Address of New Regi	stered Agent		
COE, BRA	D	Name Coe, Brad						
ONE INDE	PENDENT DRIVE, 24TH FLO VILLE, FL 32202	OR Street Address 60 Ocea		(P.O. Box Number is Not Acceptable) n Blvd., Suite 15				
				Chy Atlantic	Beach		FL 288	33
	named entity submits this statement i	or the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Florid		
SIGNATURE .						<u></u>		
	Signature, typed or printed name of registered ager	A SHOT (ME C S DONCTION (NO.1)	- Hegistere	Agent signature required	when renstating)		DATE	
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9.	MANAGING MEME	ERS/MANAGERS	10.			ADDITIONS/CH	IANGES	
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SIGNATURE: HUMBLE THE REGISTER MANAGER, CHARLES, MANAGER, CH AUTORIZED REPRESENTATIVE DOIS DEPTOR PROVED PROVED PROVED PROVED MANAGERS MANAGER, CH AUTORIZED REPRESENTATIVE DOIS DEPTOR PROVED								



## **ATTACHMENT**

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## 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

Re:

St. Johns 210 Investors, LLC

Cypothin Medman

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**