

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90071 048 ****50.00

DOCUMENT # L05000089422

1. Entity Name
ST. JOHNS 210 INVESTORS, LLC



Principal Place of Business 60 OCEAN BLVD SUITE 15 ATLANTIC BEACH, FL 32233	Mailing Address 2532 DUPONT DRIVE IRVINE, CA 92612
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0844190	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COE, BRAD
 60 OCEAN BLVD
 SUITE 15
 ATLANTIC BEACH, FL 32233

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COX, WILLIAM J 2532 DUPONT DRIVE IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAPLAN, KENNETH M 2532 DUPONT DIRVE IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Kenneth M Kaplan* **4/18/07** (949) 852-0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #