


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000102646</b><br>1. Entity Name<br>ST. JOHNS SAFARI, LLC |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br>488 W HIGH BANKS RD<br>DEBARY, FL 32713 | Mailing Address<br>1162 ABELINE DR<br>DELTONA, FL 32725 |
|--|---|



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>20-4021485                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>KINGERY, JEFF<br>1162 ABELINE DRIVE<br>DELTONA, FL 32725 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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

000000728881  
05/08/07-80018-005 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KINGERY, JEFF<br>1162 ABELINE DRIVE<br>DELTONA, FL 32725 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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:** Jeff Kingery  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07

386.668-1402