

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90027 050 ****50.00

| | | | | | | |
|--|---|--|---|---|---|--|
| DOCUMENT # L05000112847 1. Entity Name ST. IVES, LLC | | | | | | |
| Principal Place of Business 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32257 | | | Mailing Address 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32257 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | | Country | | Zip | | |
| Country | | Country | | 4. FEI Number 03162006 Chg-LLC CR2E083 (11/05) | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DR. SUITE 1200 JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name James Skinner Street Address (P.O. Box Number is Not Acceptable) 11200 St Johns Industrial Pkwy #2 City Jacksonville FL Zip Code 32246 | | |
| 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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 04/24/06 | | |
| 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 | P EDMONDS, DANA 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY ST ZIP | P James Skinner 11200 St Johns Industrial Pkwy #2 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP CUTTS, BILL 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY ST ZIP | VP Steve Hogg 11200 St Johns Industrial Pkwy #2 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | ST EDMONDS, STEPHEN L 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY ST ZIP | ST Charlene McStine 11200 St Johns Industrial Pkwy #2 Jacksonville, FL 32246 <input checked="" 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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| 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 | |
| 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE 04/24/06 904-646-1186 <small>Daytime Phone #</small> | | |