

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 28, 2011  
Secretary of State**

DOCUMENT# L05000119300

Entity Name: SAINT GPNER, LLC

**Current Principal Place of Business:**

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 20-3935949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERBST, SETH J M.D.  
1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HERBST, SETH J M.D.  
Address: 1395 STATE ROAD 7, SUITE 450  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SETH J HERBST      MGRM      02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date