

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020149

Entity Name: SAN JUAN GARDENS LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

8656 LEM TURNER RD
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

8643 1ST STREET
JACKSONVILLE, FL 32208 US

New Mailing Address:

8643 1ST AVE
JACKSONVILLE, FL 32208 US

FEI Number: 56-2561536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, CHARMAINE
8643 1ST STREET
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

RUSSELL, CHARMAINE
8643 1ST AVE
JACKSONVILLE, FL 32208 US

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: CHARMAINE RUSSELL

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSSELL, CHARMAINE
Address: 8643 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MGRM () Delete
Name: RUSSELL, MARK
Address: 8643 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUSSELL, CHARMAINE
Address: 8643 1ST AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MGRM (X) Change () Addition
Name: RUSSELL, MARK
Address: 8643 1ST AVE
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARMAINE RUSSELL

MGRM

04/23/2008

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