

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024375

FILED
Jan 19, 2007
Secretary of State

Entity Name: SCRAPBOOKS OF ST JOHNS, LLC

Current Principal Place of Business:

109 NATURE WALK PARKWAY STE 107
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

323 JOHNS CREEK PKWY
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-4411645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONWAY, CAROLYN
323 JOHNS CREEK PARKWAY
ST. AUGUSTINE, FL 32092 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 () Delete
Name: SMITH, TIMOTHY
Address: 109 NATURE WALK PARKWAY STE 107
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: SMITH, MARY
Address: 109 NATURE WALK PARKWAY STE 107
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CONWAY, RONALD L
Address: 109 NATURE WALK PARKWAY STE 107
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY SMITH

MGMR

01/19/2007

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