

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 032 ***138.75

60030819



DOCUMENT # L06000105840 1. Entity Name ST. JOHN'S 206, LLC																																																																													
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address 8045 NW 155 STREET MIAMI LAKES, FL 33016																																																																										
2. Principal Place of Business - No P.O. Box # 265 Sevilla Ave		3. Mailing Address 265 Sevilla Ave																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																											
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 26-0306716 NOT APPLICABLE																																																																									
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																									
6. Name and Address of Current Registered Agent GARCIA, EDDY 8045 NW 155 STREET MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name Garcia Eddy Street Address (P.O. Box Number is Not Acceptable) 265 Sevilla Ave City Coral Gables FL Zip Code 33134																																																																										
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 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR: HOLLAND M. WARE <input checked="" type="checkbox"/> Delete</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> </tr> <tr> <td></td> <td></td> <td>212 MAPLE DRIVE</td> <td>HOGANSVILLE, GA 30230</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MAR Garcia, Eddy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> </tr> <tr> <td></td> <td></td> <td>265 Sevilla Ave</td> <td>Coral Gables, FL 33134</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR: HOLLAND M. WARE <input checked="" type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP			212 MAPLE DRIVE	HOGANSVILLE, GA 30230	TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete			TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete			TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete			TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Delete			TITLE	MAR Garcia, Eddy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP			265 Sevilla Ave	Coral Gables, FL 33134	TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE		STREET ADDRESS	CITY - ST - ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: Manager 4/18/08 (305) 448-9442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																													