

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110798

Entity Name: DDN ST. JOHNS, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

915 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

2898 US HIGHWAY 1 SOUTH
ST. AUGUSTINE, FL 32086

Current Mailing Address:

915 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

2898 US HIGHWAY 1 SOUTH
ST. AUGUSTINE, FL 32086

FEI Number: 26-1377564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MYERS & FULLER, P.A.
2822 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308 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: DIFEO, ANDREW
Address: 915 W. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: DIFEO, JOSEPH C
Address: 915 W. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIFEO, ANDREW
Address: 2898 US HIGHWAY 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

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

Title: MGRM () Change (X) Addition
Name: DIFEO, SAMUEL X
Address: 915 W NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Change (X) Addition
Name: NELSON, JR., BRUCE A
Address: 915 W NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Change (X) Addition
Name: RUSSELL, MICHELLE
Address: 915 W NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

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: ANDREW DIFEO

MGRM

05/06/2008

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