2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# L07000010117

Entity Name: ST. ANTHONY VILLAGE CENTER LLC

Current Principal Place of Business:

1842 MORRIS STREET
SARASOTA, FL 34239

New Principal Place of Business:

390 BOB WHITE DRIVE
SARASOTA, FL 34236

Current Mailing Address:

1842 MORRIS STREET
SARASOTA, FL 34239

New Mailing Address:

390 BOB WHITE DRIVE
SARASOTA, FL 34236

FEI Number: 20-8319787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHATTUCK, DANIEL E
1842 MORRIS STREET
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

SHATTUCK, DANIEL E
390 BOB WHITE DRIVE
SARASOTA, FL 34236 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: 01/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHATTUCK, DANIEL E
Address: 1842 MORRIS STREET
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete
Name: SHATTUCK, RENAE S
Address: 1842 MORRIS STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHATTUCK, DANIEL E
Address: 390 BOB WHITE DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change ( ) Addition
Name: SHATTUCK, RENAE S
Address: 390 BOB WHITE DRIVE
City-St-Zip: SARASOTA, FL 34236

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: DANIEL E. SHATTUCK MGRM 01/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date