2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081053

Entity Name: ST. JOHN'S POWERSPORTS, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

108 MAGNOLIA AVE 1800 N. PONCE DE LEON BLVD EAST PALATKA, FL 32131 US ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

108 MAGNOLIA AVE 322 SEGOVIA RD

EAST PALATKA, FL 32131 US ST. AUGUSTINE, FL 32084 US

FEI Number: 26-3237463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'ROURKE, BRIAN A 322 SEGOVIA RD

ST AUGUSTINE, FL 32086 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition O'ROURKE, BRIAN A O'ROURKE, BRIAN A Name: Name:

Address: 108 MAGNOLIA AVE Address: 322 SEGOVIA RD

City-St-Zip: EAST PALATKA, FL 32131 US City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: O'ROURKE, KATHLEEN M Name: O'ROURKE, KATHLEEN M

Address:

Address: 108 MAGNOLIA AVE 322 SEGOVIA RD City-St-Zip: EAST PALATKA, FL 32131 US City-St-Zip: ST. AUGUSTINE, FL 32086 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: KATHLEEN O'ROURKE **MGRM** 04/01/2009