

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000225

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ST. JOHNS VILLAGE CENTER, L.L.C.

## Current Principal Place of Business:

4000 ST JOHNS AVE  
SUITE 26B  
JACKSONVILLE, FL 33205

## New Principal Place of Business:

3946 ST JOHNS AVENUE  
JACKSONVILLE, FL 33205

## Current Mailing Address:

4000 ST JOHNS AVE  
SUITE 26B  
JACKSONVILLE, FL 33205

## New Mailing Address:

525 ATLANTIC BLVD  
SUITE 5  
ATLANTIC BEACH, FL 32233

FEI Number: 59-3428648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLINK, BROOKE  
4000 ST JOHNS AVENUE  
26B  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

KLINK, BROOKE  
525 ATLANTIC BLVD  
STE 5  
ATLANTIC BEACH, FL 32233 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:

01/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HOLZEL, STEPHEN E  
Address: 26 PARK STREET  
City-St-Zip: MONTCLAIR, NJ 07042

## ADDITIONS/CHANGES:

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

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: BROOKE KLINK

AA

01/13/2009

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