

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001476

Entity Name: ST. JOHNS PLACE, L.C.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

50 N LAURA ST  
FL9-001-09-03  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255

**New Mailing Address:**

FEI Number: 59-3563646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: BANC OF AMERICA COMMUNITY DEV CORP  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR  
Name: THE RECTOR, WARDENS & VESTRY OF ST JOHN'S  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP  
Name: MCNAIRY, WILLIAM L  
Address: 401 N TRYON ST; NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

I hereby 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: WILLIAM L. MCNAIRY

SVP

01/07/2010

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