

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90081 039 ****50.00

DOCUMENT # L99000004818
Entity Name: ILLAS OF ST. JOHNS LLC.



Principal Place of Business: ONE TAMPA CITY CENTER, SUITE 2865
Mailing Address: ONE TAMPA CITY CENTER, SUITE 2865

64000000



MOORE CR2E083 (11/03)

Principal Place of Business, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 52-2192730
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and user if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

Table with columns: MANAGING MEMBERS / MANAGERS and ADDITIONS / CHANGES. Includes fields for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: David A. Roby 4/29/04 813-229-0135