2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004818

Entity Name: VILLAS OF ST. JOHNS L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
ONE TAMPA CITY CENTER, SUITE 2865 ATTN: DAVID A. ROBY TAMPA, FL 33602	5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATLANTA, GA 30328

Current Mailing Address:	**New Mailing Address:**
ONE TAMPA CITY CENTER, SUITE 2865 ATTN: DAVID A. ROBY TAMPA, FL 33602	5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATLANTA, GA 30328

FEI Number: 52-2192730   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:**
THE NORTHWESTERN MUTUAL LIFE INSURANCE COM ONE TAMPA CITY CENTER, SUITE 2865 ATTN: DAVID A. ROBY TAMPA, FL 33602 US	THE NORTHWESTERN MUTUAL LIFE INSURANCE COM 5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATLANTA, FL 30328 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: GREG WALZ   01/31/2006

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THE NORTHWESTERN MUT, UAL LIFE INS. C O.	Name:	
Address:	720 EAST WISCONSIN AVE.	Address:	
City-St-Zip:	MILWAUKEE, WI 53202	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK BELL   FAM   01/31/2006

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