


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002777</b>	
1. Entity Name ST. JOHNS 2 LLC	

Principal Place of Business P.O. BOX 689 TELLURIDE, CO 81435	Mailing Address P.O. BOX 689 TELLURIDE, CO 81435
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**DO NOT WRITE IN THIS SPACE**



07112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0490228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOWE, OSMOND  
501 BRICKELL KEY DR., #504  
MIAMI, FL 33131-2525

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IN THIS SPACE**

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

000000570585  
07/17/06-80006-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRELAND, JUD P.O. BOX 689 TELLURIDE, CO 81435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SJ2, INC. P.O. BOX 689 TELLURIDE, CO 81435
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Date:** 7/11/06 **Daytime Phone #:** 970 7281376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE