

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# M02000002777

Entity Name: ST. JOHNS 2 LLC

Current Principal Place of Business:

P.O. BOX 689
TELLURIDE, CO 81435

New Principal Place of Business:

975 KELLER RD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 689
TELLURIDE, CO 81435

New Mailing Address:

FEI Number: 03-0490228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, OSMOND
501 BRICKELL KEY DR., #504
MIAMI, FL 331312525 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: MGR () Delete
Name: IRELAND, JUD
Address: P.O. BOX 689
City-St-Zip: TELLURIDE, CO 81435

Title: MGRM () Delete
Name: SJ2, INC.,
Address: P.O. BOX 689
City-St-Zip: TELLURIDE, CO 81435

ADDITIONS/CHANGES:

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

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: JUD IRELAND

MGR

04/30/2007

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