

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002777

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** ST. JOHNS 2 LLC

**Current Principal Place of Business:**

975 KELLER RD  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**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

MGRM

04/28/2008

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