
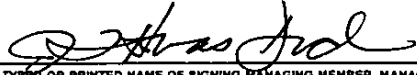


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90179 040 ****50.00

DOCUMENT # M06000002825 1. Entity Name ST. JOHNS MASTER LLC					
Principal Place of Business 13361 ATLANTIC BLVD., EASTLAND CORP JACKSONVILLE, FL 32225			Mailing Address 13361 ATLANTIC BLVD., EASTLAND CORP JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd.		3. Mailing Address 700 Ponte Vedra Lakes Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 76-0824820	
Zip 32082-1260		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CFRA, LLC 4221 WEST BOY SCOUT BLVD. TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>CFRA, LLC</u> DATE <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EASTLAND CORPORATION 13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eastland Corporation 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/16/07</u> Daytime Phone # <u>(904) 280-7100</u>		