## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Mar 14, 2008 8:00 am Secretary of State **DOCUMENT # M06000002825** 03-14-2008 90203 019 \*\*\*138.75 1. Entity Name ST. JOHNS MASTER LLC Principal Place of Business Mailing Address 60014832 700 PONTE VEDRA LAKES BLVD 700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 76-0824820 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) 4221 WEST BOY SCOUT BLVD. TAMPA, FL 33607 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change ☐ Addition FITLE ☐ Delete NAME EASTLAND CORPORATION NAME 700 PONTE VEDRA LAKES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP Detete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS

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11. I hereby certify that the information supplied with this filling 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 AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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**FILED**