

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000272 1. Entity Name ST. JOHNS PHASE 2 GP LLLP					
Principal Place of Business ONE SE 3RD AVENUE., STE 3100 MIAMI FL 33131			Mailing Address ONE SE 3RD AVENUE., STE 3100 MIAMI FL 33131		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 72-1554280 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE SE 3RD AVENUE., STE 3100 MIAMI FL 33131				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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000005344		STREET ADDRESS		
NAME	ST. JOHNS SPE GP I LLC		CITY-ST-ZIP		
STREET ADDRESS	ONE SE 3RD AVENUE., STE 3100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4-27-05 Date Daytime Phone #		

STAPLE CHECK HERE