2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000000272

1. Entity Name
ST. JOHNS PHASE 2 GP LLLP

FILED

2007 APR 30 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE SE 3RD AVENUE., STE 3100 MIAMI, FL 33131	ONE SE 3RD AVENUE., STE 3100 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

02012007 No Chg-LP CR2E003 (12/06)

4. FEI Number
72-1554280
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M
ONE SE 3RD AVENUE., STE 3100
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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

DOCUMENT #	L03000005344
NAME	ST. JOHNS SPE GP I LLC
STREET ADDRESS	ONE SE 3RD AVENUE., STE 3100
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
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05/09/07--01047--011 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 4/24/07 305-350-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #