2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # L03000005341** 1. Entity Name 04-30-2004 90076 023 ****50.00 ST. JOHNS CENTER INVESTORS LLC Principal Place of Business Mailing Address 115 N.W. 167 STREET 115 N.W. 167 STREET SUITE 300 NORTH MIAMI FL 33169 NORTH MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address One SE 3rd Avenue One SE 3rd Avenue Suite. Suit MOORE CR2E083 (11/03) **Suite 3100 Suite 3100** Miami, FL 33131 Applied For 4. FEI Number City 8 City Miami, FL 33131 72-15553 Not Applicable Zip Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRACY, GRANVIL M Street A :ceptable) One SE 3rd Avenue One SE 3rd Avenue **Suite 3100** L 33169 Suite 3100 City Zip Code Miami, FL 33131 Miami, FL 33131 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Addition TRACK ☐ Change TITLE □ Delete TITLE GRANXI GRANVII TRACE NAME NAME ONE SE 3ND AVE SVITE 3100 STREET ADDRESS STREET ADDRESS 3/3/34 CITY-ST-ZIP MIAM. [3313 | CITY-ST-ZIP MGR Addition TITLE ☐ Delete TITLE SABY BETHAR NAME NAME 1911 NE 118 RO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI FL MGR MATOREUA Addition пπε Delete TITLE Change TINITHY MANTOREULA OVE SE 3ND AVE SVITE 3120 NAME NAME STREET ADDRESS STREET ADDRESS MIAM T 33131 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change RUSCELL CAPIN AVE #45 NAME NAME STREET ADDRESS STREET ADDRESS CHICAGO, 12 60657 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Steven EURS NAME NAME , GROVE ISLE DRIVE APT 1807. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 30133 CITY - ST - ZIP Addition Delete TITLE ☐ Change TITLE S BROWN NAME NAME OVE SE 320 Ne SVITE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33131 MIAMM.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

District Phone in

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.