

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90317 035 ****50.00

DOCUMENT # L03000005341

1. Entity Name
ST. JOHNS CENTER INVESTORS LLC



Principal Place of Business
**ONE SE 3RD AVENUE
SUITE 3100
MIAMI, FL 33131**

Mailing Address
**ONE SE 3RD AVENUE
SUITE 3100
MIAMI, FL 33131**

60040030



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1555375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRACY, GRANVIL M
ONE SE 3RD AVENUE
SUITE 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TRACY, GRANVIL
ONE SE 3RD AVE, SUITE 3100
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEHAR, SABY
1911 NE 118 RD.
NORTH MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTORELLA, TIMOTHY
ONE SE 3RD AVE, SUITE 3120
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAPLIN, RUSSELL
3711 N ASHLAND AVE #45
CHICAGO, IL 60657**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELIAS, STEVEN
1 GROVE ISLE DRIVE APT 1807
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, JAMES S
ONE SE 3RD AVE, SUITE 3100
MIAMI, FL 33131**

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/24/07

305-350-1901