


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

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

**DOCUMENT # A0200000102**

1. Entity Name  
ST. JOHN'S COMMONS, LTD.



Principal Place of Business  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

Mailing Address  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number  
90-0002848

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

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 file if applicable.

9. Capital Contributions as Shown on record. \$900,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$800,000.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A0200000102	STREET ADDRESS	
NAME	ST. JOHN'S COMMONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
DOCUMENT #	P02000010426	STREET ADDRESS	00000036094
NAME	HP/ST. JOHN'S COMMONS, INC.	CITY-ST-ZIP	05/11/05-80028-024 526.25
STREET ADDRESS	8917 WESTERN WAY, SUITE 6		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Rocco Ferrara 4/25/05 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

STAPLE CHECK HERE