


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000127 1. Entity Name ST. JOHN'S COMMONS INVESTOR, LTD.	
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Principal Place of Business 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301	Mailing Address 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 02-0551898	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE FL 33301
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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, word or printed name of registered agent and if applicable

9. Capital Contributions as Shown on record \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date \$800,990.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P02000010165	STREET ADDRESS	
NAME	ST. JOHN'S COMMONS INVESTOR, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 S.E. 2ND STREET		
CITY - ST - ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

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05/13/04-80004-018 526.25

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

SIGNATURE:  **Patricia Jones** **4-22-04** **954-627-9350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE