


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

<b>DOCUMENT # A03000000262</b>	
<b>1. Entity Name</b> ST. JOHNS PHASE 1 INVESTORS LLLP	

<b>Principal Place of Business</b> 115 NW 167 STREET, #300 NORTH MIAMI BEACH FL 33169	<b>Mailing Address</b> 115 NW 167 STREET, #300 NORTH MIAMI BEACH FL 33169
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<b>2. Principal Place of Business</b> Suite One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip	<b>3. Mailing Address</b> Suite One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip
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**FILED**  
04 APR 30 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 72-1556014	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> TRACY, GRANVIL M <del>115 NW 167 STREET, #300</del> <del>NORTH MIAMI BEACH FL 33169</del>	<b>7. Name and Address of New Registered Agent</b> Name Street One SE 3rd Avenue Suite 3100 City Miami, FL 33131 FL Zip Code
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**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.

<b>9. Capital Contributions</b> as Shown on record. \$1,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	L03000005328	STREET ADDRESS	One SE 3rd Avenue
NAME	ST. JOHNS PHASE 1 EXECUTIVE LLC	CITY-ST-ZIP	Suite 3100 Miami, FL 33131
STREET ADDRESS	115 NW 167 STREET, #300		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GRANVIL TRACY

4/27/04

Date

305-654-1500

Daytime Phone #

STAPLE CHECK HERE