


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

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

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

<b>Principal Place of Business</b> ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	<b>Mailing Address</b> ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<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 ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title, if applicable	<b>DATE</b>
<b>9. Capital Contributions as Shown on record.</b> \$1,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>

**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	
<b>DOCUMENT #</b> L03000005328	<b>NAME</b> ST. JOHNS PHASE 1 EXECUTIVE LLC	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> ONE SE 3RD AVENUE., SUITE 3100	<b>CITY - ST - ZIP</b> MIAMI FL 33131	<b>CITY - ST - ZIP</b>	U00000365922 05/11/05-80017-000 141.25
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	

STAPLE CHECK HERE

**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

Date

Daytime Phone #

4-27-05