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

DOCUMENT # A03000000263

1. Entity Name

ST. JOHNS PHASE 2 VENTURES LLLP

FILED
04 APR 30 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

Principal Place of Business	Mailing Address
115 N.W. 167TH STREET, #300 NORTH MIAMI BEACH FL 33169	115 N.W. 167TH STREET, #300 NORTH MIAMI BEACH FL 33169

2. Principal Place of Business	3. Mailing Address
Su One SE 3rd Avenue Suite 3100 Cit Miami, FL 33131 Zip	One SE 3rd Avenue Suite 3100 Miami, FL 33131

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRACY, GRANVIL M 11 300 NC One SE 3rd Avenue 3169 Suite 3100 Miami, FL 33131	Name Street Address (P.O. Box Not Acceptable) One SE 3rd Avenue Suite 3100 City Miami, FL 33131 **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or reg 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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	L03000005331	STREET ADDRESS	One SE 3rd Avenue
NAME	ST. JOHNS PHASE 2 EXECUTIVE LLC	CITY-ST-ZIP	Suite 3100 Miami, FL 33131
STREET ADDRESS	115 N.W. 167TH STREET, #300		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Granvil Tracy 4/27/04 305654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #