
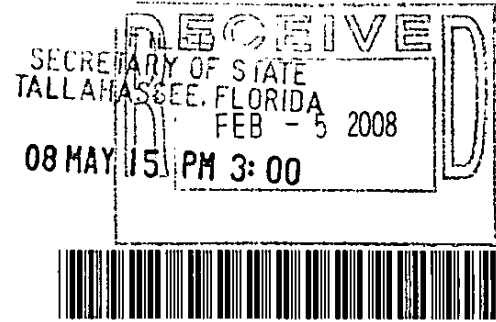


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A03000000263</b>			
1. Entity Name <b>ST. JOHNS PHASE 2 VENTURES LLLP</b>			
Principal Place of Business <b>ONE S.E. 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>		Mailing Address <b>ONE S.E. 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>800 Brickell Avenue</b>		3. Mailing Address <b>800 Brickell Avenue</b>	
Suite, Apt. #, etc. <b>Penthouse 1</b>		Suite, Apt. #, etc. <b>Penthouse 1</b>	
City & State <b>Miami</b>		City & State <b>Miami</b>	
Zip <b>FL</b>	Country <b>33131</b>	Zip <b>FL</b>	Country <b>33131</b>



1st MOORE CR2E003 (10/07)

4. FEI Number <b>45-0503267</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRACY, GRANVIL M ONE S.E. 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Brickell Avenue</b> Penthouse 1 City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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>800129055118</b> <b>05/12/08--01053--018 **500.00</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # <b>L03000005331</b>	NAME <b>ST. JOHNS PHASE 2 EXECUTIVE LLC</b>	STREET ADDRESS <b>800 Brickell Ave. Penthouse 1</b>	
STREET ADDRESS <b>ONE S.E. 3RD AVENUE., SUITE 3100</b>		CITY-ST-ZIP <b>Miami, FL 33131</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**4-23-08**