

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

**DOCUMENT # A03000000268**

1. Entity Name

ST. JOHNS PHASE 1 MANAGEMENT LLLP



**FILED**

04 APR 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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

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

4. FEI Number: 72-1556020 Applied For: Not Applicable  
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: TRACY, GRANVIL M 115 N.W. 167TH STREET #300 NORTH MIAMI BEACH FL 33169

7. Name and Address of New Registered Agent: Name: 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 the obligations of registered agent. I am familiar with, and accept

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**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 N.W. 167TH STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200036482902 05/14/04--01060--024 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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