


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

|  |   |
|--|---|
| <b>DOCUMENT # A03000000268</b>                             |  |
| 1. Entity Name<br><b>ST. JOHNS PHASE 1 MANAGEMENT LLLP</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>ONE SE 3RD AVENUE., SUITE 3100<br/>MIAMI FL 33131</b> | Mailing Address<br><b>ONE SE 3RD AVENUE., SUITE 3100<br/>MIAMI FL 33131</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**FILED**  
**06 MAY -1 AM 8:46**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



*IT'S CORRECT MS*  
1st MOORE CR2E003 (10/05)  
**72-1556020**  
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<br><b>TRACY, GRANVIL M<br/>ONE SE 3RD AVENUE., SUITE 3100<br/>MIAMI FL 33131</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name   |  | Name   |          |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |  | City   | Zip Code |
|  |  | <b>FL</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.

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>L03000005328<br/>ST. JOHNS PHASE 1 EXECUTIVE LLC<br/>ONE SE 3RD AVENUE., SUITE 3100<br/>MIAMI FL 33131</b> | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |

**100075023611**  
**05/22/06--01029--008 \*\*500.00**

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 **4/20/06** Daytime Phone # \_\_\_\_\_