## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## FILED **DOCUMENT # A03000000268** 2007 APR 30 AM 10: 23 ST. JOHNS PHASE 1 MANAGEMENT LLLP SECRETARY OF STATE TALLAHÁSSÉE, FLORIDA Principal Place of Business Mailing Address ONE SE 3RD AVENUE., SUITE 3100 ONE SE 3RD AVENUE., SUITE 3100 MIAMI, FL 33131 MIAMI, FL 33131 02012007 No Chq-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 72-1556020 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRACY, GRANVIL M DO NOT WRITE ONE SE 3RD AVENUE., SUITE 3100 MIAMI, FL 33131 IN THIS SPACE 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. L03000005328 DOCUMENT / ST. JOHNS PHASE 1 EXECUTIVE LLC NAME STREET ADDRESS ONE SE 3RD AVENUE., SUITE 3100 CITY-ST-ZIP MIAMI, FL 33131 000101975980 05/09/07--01048--004 \*\*\$00:00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Applied For

Not Applicable