


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000000274 1. Entity Name ST. JOHNS PHASE 2 INVESTORS LLLP	
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Principal Place of Business ONE SE 3RD AVENUE., SUITE 3100 MIAMI, FL 33131	Mailing Address ONE SE 3RD AVENUE., SUITE 3100 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M
ONE SE 3RD AVENUE., SUITE 3100
MIAMI, FL 33131

DO NOT WRITE 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, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L03000005331
NAME	ST. JOHNS PHASE 2 EXECUTIVE LLC
STREET ADDRESS	ONE SE 3RD AVENUE., SUITE 3100
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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** 4/24/07 **Daytime Phone #** 305-350-1901

FILED

2007 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 45-0503258	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE