

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

DOCUMENT # A03000000274

1. Entity Name

ST. JOHNS PHASE 2 INVESTORS LLLP



Principal Place of Business

**ONE SE 3RD AVENUE., SUITE 3100
MIAMI FL 33131**

Mailing Address

**ONE SE 3RD AVENUE., SUITE 3100
MIAMI FL 33131**

2. Principal Place of Business - No P.O. Box #
800 Brickell Avenue

3. Mailing Address
800 Brickell Avenue

Suite, Apt. #, etc.
Penthouse 1

Suite, Apt. #, etc.
Penthouse 1

City & State
Miami

City & State
Miami

Zip Country
FL 33131

Zip Country
FL 33131

4. FEI Number
45-0503258

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
ONE SE 3RD AVENUE., SUITE 3100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue

Penthouse 1

City State Zip Code
Miami FL 33131

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 other applicable

DATE

100129055181
05/12/08--01053--019 **500.00

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **800 Brickell Ave. Penthouse 1**
CITY-ST-ZIP **Miami, FL 33131**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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

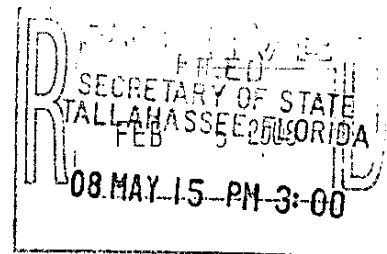
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-23-08



1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE