


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

DOCUMENT # A03000000275		
1. Entity Name ST. JOHNS PHASE 1 GP LLLP		

Principal Place of Business 115 N.W. 167 STREET, #300 NORTH MIAMI BEACH FL 33169	Mailing Address 115 N.W. 167 STREET, #300 NORTH MIAMI BEACH FL 33169
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2. Principal Place of Business Suite, One SE 3rd Avenue Suite 3100 City & Miami, FL 33131 Zip	3. Mailing Address Suite, One SE 3rd Avenue Suite 3100 City & Miami, FL 33131 Zip
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MOORE CR2E003 (11/03)

4. FEI Number 72-1656073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent Name Street One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip Code FL
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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.

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
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	A03000000268 ST. JOHNS PHASE 1 MANAGEMENT LLLP 115 N.W. 167 STREET, #300 NORTH MIAMI BEACH FL 33169	STREET ADDRESS CITY-ST-ZIP	One SE 3rd Avenue Suite 3100 Miami, FL 33131
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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: 	GRANVIL TRACY	4/27/04	305-654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

FILED

04 APR 30 PM 12:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

STAPLE CHECK HERE