
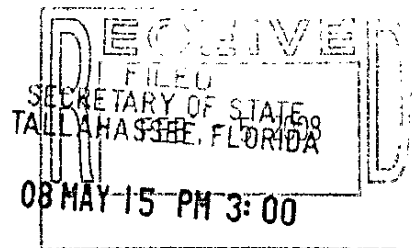


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A03000000275</b> 1. Entity Name <b>ST. JOHNS PHASE 1 GP LLLP</b>	
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Principal Place of Business <b>ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>	Mailing Address <b>ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>800 Brickell Avenue</b>	3. Mailing Address <b>800 Brickell Avenue</b>
Suite, Apt. #, etc. <b>Penthouse 1</b>	Suite, Apt. #, etc. <b>Penthouse 1</b>
City & State <b>Miami</b>	City & State <b>Miami</b>
Zip <b>FL</b>	Country <b>33131</b>

1st MOORE CR2E003 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>TRACY, GRANVIL M</b> <b>ONE SE 3RD AVENUE., SUITE 3100</b> <b>MIAMI FL 33131</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Brickell Avenue</b> <b>Penthouse 1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	

**200129054912**  
05/12/08--01053--015 \*\*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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>A03000000268</b> <b>ST. JOHNS PHASE 1 MANAGEMENT LLLP</b> <b>ONE SE 3RD AVENUE., SUITE 3100</b> <b>MIAMI FL 33131</b>	STREET ADDRESS CITY-ST-ZIP <b>800 Brickell Ave. Penthouse 1</b> <b>Miami, FL 33131</b>

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**

STAPLE CHECK HERE