


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

<b>DOCUMENT # A03000000305</b>		
1. Entity Name <b>ST. JOHNS PHASE 2 ASSOCIATES LLLP</b>		

Principal Place of Business <b>115 N.W. 167 STREET #300 NORTH MIAMI BEACH FL 33169</b>	Mailing Address <b>115 N.W. 167 STREET #300 NORTH MIAMI BEACH FL 33169</b>
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2. Principal One SE 3rd Avenue Suite 3100 Miami, FL 33131	3. Member One SE 3rd Avenue Suite 3100 Miami, FL 33131
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**FILED**  
04 APR 30 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>TRACY GRANVIL M</b> One SE 3rd Avenue Suite 3100 Miami, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address City State Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or 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. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	L03000007107	STREET ADDRESS	One SE 3rd Avenue
NAME	ST. JOHNS PHASE 2 ASSOCIATES GP LLC	CITY-ST-ZIP	Suite 3100 Miami, FL 33131
STREET ADDRESS	115 N.W. 167 STREET #300		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: 	<b>GRANVIL TRACY</b>	4/21/04	305 654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #