


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # A03000000305			
1. Entity Name ST. JOHNS PHASE 2 ASSOCIATES 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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) City FL Zip Code	



1st MOORE CR2E003 (10/05)

4. FEI Number **45-0503263** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. * After May 1, 2006, 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 #	L03000007107	STREET ADDRESS	
NAME	ST. JOHNS PHASE 2 ASSOCIATES GP LLC	CITY-ST-ZIP	
STREET ADDRESS	ONE SE 3RD AVENUE., SUITE 3100		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	1100000531983
NAME		CITY-ST-ZIP	05/06/06-80067-002 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

4/20/06
Date

Daytime Phone #