

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A04000001061

1. Entity Name  
ST. JOHNS PHASE 1 CLASS B INVESTORS LLLP



Principal Place of Business  
ONE SE 3RD AVE, STE 3100  
MIAMI, FL 33131

Mailing Address  
ONE SE 3RD AVE, STE 3100  
MIAMI, FL 33131

FILED

2007 APR 30 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1906089

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 AVE, STE 3100  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # L03000005328  
NAME ST JOHNS PHASE 1 EXECUTIVE LLC  
STREET ADDRESS ONE SE 3RD AVE, STE 3100  
CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

200101975982  
05/09/07--01048--003 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/24/07 305-350-1901

STAPLE CHECK HERE