


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

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # A96000000384</b>  |         |  |         |
| 1. Entity Name<br>ST. JOHNS DEVELOPERS, LTD.                                      |         |   |         |
| Principal Place of Business<br>1 WEST SAMPLE ROAD, #101<br>POMPANO BEACH FL 33064 |         | Mailing Address<br>1 WEST SAMPLE ROAD, #101<br>POMPANO BEACH FL 33064             |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



MOORE CR2E003 (11/03)

|   |  |
|---|--|
| 4. FEI Number<br>65-0717159   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HELD, ROBERT T SR.<br>1 WEST SAMPLE ROAD, #101<br>POMPANO BEACH FL 33064 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

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. \$700.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

**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           |  |
| STREET ADDRESS                  | ONE WEST SAMPLE ROAD - SUITE 101 | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | POMPANO BEACH FL 33064           |                          |  |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |  |
| STREET ADDRESS                  |                                  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                                  |                          |  |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |  |
| STREET ADDRESS                  |                                  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                                  |                          |  |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |  |
| STREET ADDRESS                  |                                  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                                  |                          |  |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |  |
| STREET ADDRESS                  |                                  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |                                  |                          |  |

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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:**  **4/1/04** **984-471-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE