



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

RECEIVED FILED
FEB 08 2005
May 06, 2005 08:00 AM
Secretary of State

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # A96000000384 1. Entity Name ST. JOHNS DEVELOPERS, LTD. | | | |  | |
| Principal Place of Business <input type="checkbox"/> Mailing Address 1 WEST SAMPLE ROAD, #101 1 WEST SAMPLE ROAD, #101 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 | | | |  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | | | |
| City & State _____ | | City & State _____ | | 4. FEI Number 65-0717159 | |
| Zip _____ | | Country _____ | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HELD, ROBERT T SR. 1 WEST SAMPLE ROAD, #101 POMPANO BEACH FL 33064 | | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. | |
| 9. Capital Contributions as Shown on record. _____ \$700.00 | | 10. Amount of Capital Contributions in FLORIDA to date. _____ | | | |
| 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 | |
| NAME | STAMM, JUDITH L | | | CITY-ST- ZIP | |
| STREET ADDRESS | ONE WEST SAMPLE ROAD - SUITE 101 | | | | |
| CITY-ST- ZIP | POMPANO BEACH FL 33064 | | | | |
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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:  **4/11/05** **954-491-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #