

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

DOCUMENT # A96000000384

1. Entity Name

ST. JOHNS DEVELOPERS, LTD.



**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

1 WEST SAMPLE ROAD, #101  
POMPANO BEACH FL 33064

1 WEST SAMPLE ROAD, #101  
POMPANO BEACH FL 33064



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/06)

4. FEI Number

65-0717159

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELD, MICHAEL J  
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

*Michael J. Held*

Signature, typed or printed name of registered agent and title if applicable

4/2/07

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
HELD, MICHAEL J  
1 WEST SAMPLE ROAD, #101  
POMPANO BEACH FL 33064

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

000000712309  
04/26/07-80042-010 508.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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

*Michael J. Held* Michael J. Held

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/07

DATE

954-491-2300

DAYTIME PHONE #

STAPLE CHECK HERE