

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 27, 2001 08:00 AM****Secretary of State****DOCUMENT # B94000000284**1. Entity Name  
**ST. JOHN'S INVESTORS LIMITED PARTNERSHIP**

Principal Place of Business	Mailing Address
701 EAST BAY STREET	701 EAST BAY STREET
CHARLESTON SC 29403	CHARLESTON SC 29403

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	C/O ZIFF PROPERTIES INC

City & State	City & State
CHARLESTON SC	CHARLESTON SC
Zip	Country
29403	

4. FEI Number	Applied For
<b>57-0999063</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD	
PLANTATION	FL
33324	US

7. Name and Address of New Registered Agent	
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.

SIGNATURE	01/27/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

9. Capital Contributions as Shown on record. 270,000.00	10. Amount of Capital Contributions in FLORIDA to date. 270,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	ST. JOHN	STREET ADDRESS	
NAME	701 EAST BAY STREET	CITY-ST-ZIP	
STREET ADDRESS	CHARLESTON SC 29403	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: St. Johns Plaza Inc	01/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date

CR2E003 (11/00)