

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 007 ****50.00

DOCUMENT # L01000012284

1. Entity Name

ST. JOHNS CENTER LLC



Principal Place of Business

115 N.W. 167 STREET
SUITE 300
NORTH MIAMI FL 33169

Mailing Address

115 N.W. 167 STREET
SUITE 300
NORTH MIAMI FL 33169

24061293



MOORE CR2E083 (11/03)

2. Principal Place of Business

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

3.

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

4. FEI Number

51-0416109

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M
One SE 3rd Avenue
Suite 3100
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address

(if applicable)

One SE 3rd Avenue
Suite 3100

City

Miami, FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
NAME GRANVIL, TRACY
STREET ADDRESS 115 N.W S67 ST, STE 300
CITY-ST-ZIP N MIAMI BEACH FL 33169 ☒ Delete

TITLE NAME S
NAME KENNEDY, JAMES C
STREET ADDRESS 115 N.W 167 ST, STE 300
CITY-ST-ZIP N MIAMI BEACH FL 33169 ☒ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME One SE 3rd Avenue
NAME Suite 3100
STREET ADDRESS Miami, FL 33131 ☐ Change ☐ Addition

TITLE NAME One SE 3rd Avenue
NAME Suite 3100
STREET ADDRESS Miami, FL 33131 ☐ Change ☐ Addition

TITLE NAME MGRM
NAME St Johns Center Management, LLC
STREET ADDRESS ONE SE 3RD AVE, Suite 3100
CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☒ Addition

TITLE NAME MGR
NAME St Johns Center Ventures LLC
STREET ADDRESS ONE SE 3RD AVE, Suite 3100
CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☒ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GRANVIL TRACY

4/27/04

Date

305 654-1500

Daytime Phone #