


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90064 020 \*\*\*138.75

<b>DOCUMENT # L01000012284</b> 1. Entity Name <b>ST. JOHNS CENTER LLC</b>			
Principal Place of Business <b>ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>		Mailing Address <b>ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>800 Brickell Ave</b> Suite, Apt. #, etc. <b>Penthouse 1</b> City & State <b>Miami</b> Zip <b>FL 33131</b>		3. Mailing Address <b>800 Brickell Ave</b> Suite, Apt. #, etc. <b>Penthouse 1</b> City & State <b>Miami</b> Zip <b>FL 33131</b>	
4. FEI Number <b>51-0416109</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent <b>TRACY, GRANVIL M ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Brickell Ave</b> <b>Penthouse 1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ST JOHN'S CENTER MANAGEMENT LLC ONE SE 3RD AVE STE 3100 MIAMI FL 33131	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ST JOHN'S CENTER VENTURES LLC ONE SE 3RD AVE STE 3100 MIAMI FL 33131	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.			
<b>SIGNATURE:</b> _____		<b>4-23-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	