

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-30-2004 90081 050 \*\*\*\*50.00

**DOCUMENT # L03000005328**

1. Entity Name

ST. JOHNS PHASE 1 EXECUTIVE LLC



Principal Place of Business

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

Mailing Address

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

\*\*\*\*\*



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

Zip

3. Mailing Address

Suite One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

Zip

4. FEI Number

72-1556012

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  
~~115 N.W. 167 STREET~~  
~~STE. 300~~  
~~NORTH MIAMI FL 33169~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 to the obligations of registered agent.

State of Florida. I am familiar with, and accept

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER ☐ Change ☒ Addition  
GRANVIL TRACY  
ONE SE 3RD AVE, Suite 3100  
MIAMI, FL 33131

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

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

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

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

TITLE  
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

Date

Daytime Phone #

GRANVIL TRACY

4/27/04

305 654-1500