


**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 015 \*\*\*138.75

DOCUMENT # L03000005331			
1. Entity Name ST. JOHNS PHASE 2 EXECUTIVE LLC			
Principal Place of Business ONE SE 3RD AVE STE 3100 MIAMI FL 33131		Mailing Address ONE SE 3RD AVE STE 3100 MIAMI FL 33131	
2. Principal Place of Business - No P.O. Box # 800 Brickell Avenue		3. Mailing Address 800 Brickell Avenue	
Suite, Apt. #, etc. Penthouse 1		Suite, Apt. #, etc. Penthouse 1	
City & State Miami		City & State Miami	
Zip FL	Country 33131	Zip FL	Country 33131



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  TRACY, GRANVIL M ONE SE 3RD AVE STE 3100 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue Penthouse 1 City Miami FL Zip Code 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 TRACY, GRANVIL ONE SE 3RD AVE STE 3100 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Brickell Ave. Penthouse 1 Miami, FL 33131 <input 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.

**SIGNATURE:**

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

4-23-08

Date

Daytime Phone #