

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-30-2004 90082 031 *****50.00

DOCUMENT # L03000005332

1. Entity Name

ST. JOHNS CENTER MANAGEMENT LLC



Principal Place of Business

115 NW 167 STREET
NORTH MIAMI FL 33169

Mailing Address

115 NW 167 STREET
NORTH MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

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

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

Zip

Zip

4. FEI Number

72-1585366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

City

FL

Zip Code

8. The
the

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 it.

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

10. ADDITIONS/CHANGES

TITLE ~~GRANVIL TRACY~~ ☐ Delete
NAME ~~ONE SE 3RD AVE STE 3100~~
STREET ADDRESS ~~MIAMI FL 33131~~
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME GRANVIL TRACY
STREET ADDRESS ONE SE 3RD AVE SUITE 3100
CITY-ST-ZIP MIAMI FL 33131

TITLE ~~JAMES S. BROWN~~ ☐ Delete
NAME ~~ONE SE 3RD AVE STE 3100~~
STREET ADDRESS ~~MIAMI FL 33131~~
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME JAMES S BROWN
STREET ADDRESS ONE SE 3RD AVE SUITE 3100
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

305-654-1500

Date

Daytime Phone #