

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90030 035 \*\*\*\*50.00

**DOCUMENT # L03000005341**

1. Entity Name

ST. JOHNS CENTER INVESTORS LLC



Principal Place of Business

ONE SE 3RD AVENUE  
SUITE 3100  
MIAMI FL 33131

Mailing Address

ONE SE 3RD AVENUE  
SUITE 3100  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E083 (10/05)

**72-1555375**

4. FEI Number

**72-1555375**

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 (P.O. Box Number is Not Acceptable)

City

**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 transferring)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

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

TITLE MGR ☐ Delete  
NAME BEHAR, SABY  
STREET ADDRESS 1911 NE 118 RD.  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE MGR ☐ Delete  
NAME MARTORELLA, TIMOTHY  
STREET ADDRESS ONE SE 3RD AVE, SUITE 3120  
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete  
NAME CAPLIN, RUSSELL  
STREET ADDRESS 3711 N ASHLAND AVE #45  
CITY-ST-ZIP CHICAGO IL 60657

TITLE MGR ☐ Delete  
NAME ELIAS, STEVEN  
STREET ADDRESS 1 GROVE ISLE DRIVE APT 1807  
CITY-ST-ZIP MIAMI FL 33133

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

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**Apr 26, 2006**

Date

**305-350-1901**

Daytime Phone #