

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-30-2004 90087 016 ****50.00

DOCUMENT # L03000005346

1. Entity Name

ST. JOHNS SPE GP II LLC



Principal Place of Business

115 N.W. 167 STREET, SUITE 300
NORTH MIAMI FL 33169

Mailing Address

115 N.W. 167 STREET, SUITE 300
NORTH MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

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

One SE 3rd Avenue
Suite 3100
Miami, FL 33131



MOORE

CR2E083 (11/03)

4. FEI Number

45-0503272

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

SUITE 300

Name

Street Address

City

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or regis-
the obligations of registered agent.

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

10. ADDITIONS/CHANGES

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

TITLE MGRM ☐ Change ☒ Addition
NAME TRACY, GRANVIL
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 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

4/22/04

305 654-1500

Date

Daytime Phone #