

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-30-2004 90081 011 ****50.00

DOCUMENT # L03000005488

1. Entity Name

ST. JOHNS CENTER VENTURES 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

Sui One SE 3rd Avenue
Suite 3100

Cit: Miami, FL 33131

Zip



MOORE CR2E083 (11/03)

4. FEI Number

72-1555370

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
11 One SE 3rd Avenue
NC Suite 3100
Miami, FL 33131

Name

Street

One SE 3rd Avenue
Suite 3100

City

Miami, FL 33131

Acceptable)

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
~~GRANVIL TRACY~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
One SE 3rd Avenue
Suite 3100
Miami, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ST JOHNS CENTER INVESTORS LLC
ONE SE 3RD AVE, Suite 3100
MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

GRANVIL TRACY

4/29/04

305-654-1500

Date

Daytime Phone #