


**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 019 \*\*\*138.75

<b>DOCUMENT # L03000005488</b>	
1. Entity Name <b>ST. JOHNS CENTER VENTURES LLC</b>	

Principal Place of Business <b>ONE SE 3RD AVE., STE 3100 MIAMI FL 33131</b>	Mailing Address <b>ONE SE 3RD AVE., STE 3100 MIAMI FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>800 Brickell Avenue</b>		3. Mailing Address <b>800 Brickell Avenue</b>	
Suite, Apt. #, etc. <b>Penthouse 1</b>		Suite, Apt. #, etc. <b>Penthouse 1</b>	
City & State <b>Miami</b>		City & State <b>Miami</b>	
Zip <b>FL</b>	Country <b>33131</b>	Zip <b>FL</b>	Country <b>33131</b>

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent <b>TRACY, GRANVIL M ONE SE 3RD AVE., STE 3100 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Brickell Avenue</b> <b>Penthouse 1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRACY, GRANVIL ONE SE 3RD AVE., STE 3100 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Brickell Ave. Penthouse 1 Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ST JOHNS CENTER INVERSTORS, LLC ONE SE 3RD AVE., STE 3100 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Brickell Ave. Penthouse 1 Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4-23-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #