

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-30-2004 90081 010 \*\*\*\*50.00

**DOCUMENT # M03000000673**

1. Entity Name

ST. JOHNS PHASE 1 LLC



Principal Place of Business

115 NW 167TH STREET, #300  
NORTH MIAMI BEACH FL 33169

Mailing Address

115 NW 167TH STREET, #300  
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

Suite One SE 3rd Avenue  
Suite 3100

City Miami, FL 33131

Zip

3. Mailing Address

Suite One SE 3rd Avenue  
Suite 3100

City Miami, FL 33131

Zip



MOORE CR2E083 (11/03)

4. FEI Number

45-0503024

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

~~115 NW 167TH STREET, #300~~  
~~NORTH MIAMI BEACH FL 33169~~

Name

Street Address (P.O. Box is acceptable)

One SE 3rd Avenue  
Suite 3100

City

Miami, FL 33131

**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

TITLE MGR  
NAME ST. JOHNS PHASE 1 GP LLP  
STREET ADDRESS 115 NW 167TH STREET, #300  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10.

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

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

ADDITIONS/CHANGES

☒ 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

Date

Daytime Phone #

GRANVIL TRACY

4/27/04

305-654-1500