


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # G24306 1. Entity Name ST. LUCIE RIVER MANAGEMENT, INC.	
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Principal Place of Business ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US	Mailing Address ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2268074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARSON, DONALD W. ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	SVAS CARSON, DONALD W ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	DPS FANJUL, ALFONSO ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	EVDT FANJUL, JOSE ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	AS DEL BUSTO, JORGE ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	AS TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/16/05-80008-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Armando A. Tabernilla, VP 2/15/05 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #