

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90148 033 ****55.00

DOCUMENT # L01000002127

1. Entity Name
ST. LUCIE INTERNATIONAL SERVICES, L.L.C.



Principal Place of Business
**460 NW CONCOURSE PLC
SUITE 4 & 5
PORT SAINT LUCIE, FL 34986**

Mailing Address
**460 NW CONCOURSE PLC
SUITE 4 & 5
PORT SAINT LUCIE, FL 34986**



02012006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-1075537

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABONDANO CAPELLA, JOAQUIN
587 ROMORA BAY
PORT SAINT LUCIE, FL 34986**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABONDANO, JOAQUIN P PRESIDE
587 ROMORA BAY
PORT SAINT LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARCIA, BETTY C MEMBER
587 SW ROMORA BAY
PORT ST LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ABONDANO, JOAQUIN MEMBER
587 SW ROMORA BAY
PORT ST LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #