

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90051 040 ****50.00

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DOCUMENT # L04000068285 1. Entity Name 1940-1962 ST. LUCIE REALTY ASSOCIATES, LLC			
Principal Place of Business 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487		Mailing Address 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1617 Suite, Apt. #, etc.	
City & State Boca Raton FL		4. FEI Number 20-1703149	
Zip 33429		Country US	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MANNINO, ANTHONY SR. 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNINO, ANTHONY SR TRST 3210 S. OCEAN BLVD., UNIT 104 HIGHLAND BEACH, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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
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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 606, Florida Statutes.			
SIGNATURE: <u>ANTHONY MANNINO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		5-4-05 561 265-2903 Date Daytime Phone #	