

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90101 040 ****50.00

0055322

DOCUMENT # L00000015423

1. Entity Name

ST. LUCIE FARMS, LLC



Principal Place of Business

**1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

Mailing Address

**P.O. BOX 5403
FT. LAUDERDALE FL 33310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1060897**

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

**GILBERT, GELN R
1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

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

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **PAGE, DAVID C**
STREET ADDRESS **1850 FOUNTAINVIEW BLVD, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Core Communities, LLC**
STREET ADDRESS **1750 East Sunrise Blvd.**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **MGR** ☒ Delete
NAME **ZBORIL, JAMES L**
STREET ADDRESS **1850 FOUNTAINVIEW BLVD, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **MGR** ☒ Delete
NAME **ANDERSON, JAMES H**
STREET ADDRESS **1850 FOUNTAINVIEW BLVD, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **MGR** ☒ Delete
NAME **ABDO, JOHN E**
STREET ADDRESS **1350 NE 56TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

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

TITLE **MGR** ☒ Delete
NAME **HEGENER, PAUL J**
STREET ADDRESS **1850 FOUNTAINVIEW BLVD, SUITE 201**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

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

TITLE **MGR** ☒ Delete
NAME **GILBERT, GLEN R**
STREET ADDRESS **1750 EAST SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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

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:

GLEN R. GILBERT
Executive Vice President

4/20/2003

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

Date

Daytime Phone #

CR2E083 (10/02)