# 2005 LIMITED LIABILITY COMPANY · ANNUAL REPORT

**DOCUMENT # L01000016062**

1. Entity Name
PORT ST. LUCIE PARTNERS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 255 SOUTH COUNTY ROAD<br>PALM BEACH, FL 33480 | 255 SOUTH COUNTY ROAD<br>PALM BEACH, FL 33480 |

## DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 02-0532822 | | Not Applicable |
| 5. Certificate of Status Desired | ☐ | **$5.00** Additional Fee Required |

**6. Name and Address of Current Registered Agent**

FHS CORPORATE SERVICES
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH, FL 33408

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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 _____

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, 2005**

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | P | |
| NAME | REYNOLDS, WILEY R III | |
| STREET ADDRESS | 1735 COYOTE POINT RD | |
| CITY-ST-ZIP | COLORADO SPRINGS, CO 80904 | |
| TITLE | VP | |
| NAME | LEE, JEFFREY S | |
| STREET ADDRESS | 15 SABAL ISLAND DRIVE | |
| CITY-ST-ZIP | OCEAN RIDGE, FL 33435 | |
| TITLE | P | |
| NAME | BING, WILHELM | |
| STREET ADDRESS | AM FISCHER WES 31 | |
| CITY-ST-ZIP | KORBACH GERMANY, GR 34497 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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IN0000296466
04/09/05-80068-013 50.00
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## DO NOT WRITE IN THIS SPACE

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:** _____ Jeffrey S. Lee      4/6/05  561-1059-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #