

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90133 047 \*\*\*\*50.00



**DOCUMENT # L02000008442**

1. Entity Name  
**ST. LUCIE OAKS COMMERCIAL, LLC**

Principal Place of Business      Mailing Address  
**380 BRAZILIAN CIRCLE      380 BRAZILIAN CIRCLE**  
**PORT SAINT LUCIE FL 34952      PT. ST. LUCIE FL 34952**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**57-1139389**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOPKO, JAMES**  
**853 SE MONTEREY COMMONS BLVD.**  
**STUART FL 34996**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>FILIFE, BRASILINO</b> <b>PO BOX 1833</b> <b>STUART FL 34995</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>GALE-GIBSON, PRISCILLA</b> <b>2161 SE OCEAN BLVD.</b> <b>STUART FL 34996</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>JAMES PEDRA</b> <b>3758 SPINNAKER CT.</b> <b>FT. PIERCE, FL 34946</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Brasilino Filife **MANAGER**      2/2/06      772-879-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #