
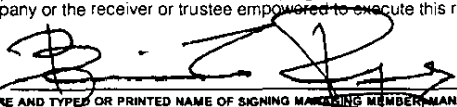


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90077 010 \*\*\*\*50.00

<b>DOCUMENT # L02000008442</b> 1. Entity Name <b>ST. LUCIE OAKS COMMERCIAL, LLC</b>					
Principal Place of Business <b>380 BRAZILIAN CIRCLE PORT SAINT LUCIE, FL 34952</b>			Mailing Address <b>380 BRAZILIAN CIRCLE PT. ST. LUCIE, FL 34952</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>57-1139389</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDRA, JAMES 3758 SPINNAKER CT FORT PIERCE, FL 34946			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Pedra, James 3758 Spinnaker ct Fort Pierce, FL 34946				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Filipe, Brasilino 9960 S. Ocean Dr. #403 Jensen Beach, FL 34957			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Filipe, Brasilino 9960 S. Ocean Dr. #403 Jensen Beach, FL 34957				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pedra, James 3758 Spinnaker CT FORT PIERCE, FL 34946			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Pedra, James 3758 Spinnaker CT FORT PIERCE, FL 34946				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Filipe, Brasilino 9960 S. Ocean Dr. #403 Jensen Beach, FL 34957			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Filipe, Brasilino 9960 S. Ocean Dr. #403 Jensen Beach, FL 34957				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pedra, James 3758 Spinnaker CT FORT PIERCE, FL 34946			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Pedra, James 3758 Spinnaker CT FORT PIERCE, FL 34946				<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 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.					
<b>SIGNATURE:</b> 				<b>BRASILINO FILIPE</b> 1/23/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date    Daytime Phone #</small>	