2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L02000008442

Entity Name: ST. LUCIE OAKS COMMERCIAL, LLC

Current Principal Place of Business:

380 BRAZILIAN CIRCLE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

380 BRAZILIAN CIRCLE
PT. ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 57-1139389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PEDRA, JAMES	
Address:	3758 SPINNAKER CT	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	MGRM	( ) Delete
Name:	FILIPE, BRASILINO	
Address:	9960 S. OCEAN DRIVE #403	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	MGRM	( ) Delete
Name:	GIL DE ALMEIDA, JOSE E	
Address:	1595 SW CROSSINGS CIR	
City-St-Zip:	PALM CITY, FL 34990	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 FILIPE MGRM 03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date