

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90039 005 \*\*\*\*50.00

**DOCUMENT # L02000015135**

1. Entity Name

SA-PG MANAGERS - PORT ST. LUCIE LLC



Principal Place of Business

C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

Mailing Address

C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601

**24085796**



08312004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0716311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, A. KENNETH  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEW SURFSIDE ADMINISTRATORS, LLC
STREET ADDRESS	50 MAIN STREET
CITY - ST - ZIP	WHITE PLAINS, NY 10606

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

9/1/04

914-390-4300



Attachment  
24685796  
Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number L02000015135  
Business Entity Name SA-PG MANAGERS - PORT ST. LUCIE LLC  
Original File Date 06/18/2002

FEI Number 01-0716311  
Principal Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601  
Mailing Address C/O SCHWARTZBERG GROUP  
44 SOUTH BROADWAY  
WHITE PLAINS, NY 10601  
Registered Agent A. KENNETH LEVINE  
101 N. MONROE STREET, SUITE 725  
TALLAHASSEE, FL 32301 US

## Managing Member/Manager Name And Address

MGRM  
NEW SURFSIDE ADMINISTRATORS, LLC  
50 MAIN STREET  
WHITE PLAINS, NY 10606 US

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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