

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021946 1. Entity Name ST. LUCIE OFFICE INVESTORS, LLC	
--	---

Principal Place of Business 2442 METROCENTRE BLVD. C/O ASSET SPECIALISTS, INC. WEST PALM BEACH, FL 33407-3105	Mailing Address 2442 METROCENTRE BLVD. C/O ASSET SPECIALISTS, INC. WEST PALM BEACH, FL 33407-3105
---	---



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2056418	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD., STE 1200 WEST PALM BEACH, FL 33401
--

**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 _____

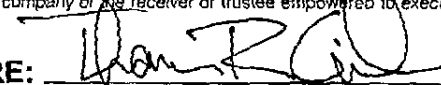
**Filing Fee is \$50.00
Due by May 1, 2006**

1107070504934
04/26/06-80093-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASSET SPECIALISTS, INC. 2442 METROCENTRE BLVD. WEST PALM BEACH, FL 334073105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 606, Florida Statutes.

SIGNATURE:  **Thomas R. Gibson** 4/7/06 561-689-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #