

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 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



04032008No Chg-LLC

CR2E083 (12/07)

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ASSET SPECIALISTS, INC.  
STREET ADDRESS 2442 METROCENTRE BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 334073105

TITLE  
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CITY-ST-ZIP

U000000832042  
04/23/08-80049-006 138.75

**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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

4/4/08