

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010669

Entity Name: PORT ST. LUCIE MGT, LLC

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

1655 SE WALTON ROAD  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 05-0560687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERZOG, L.P.  
240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713 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: MGR ( ) Delete  
Name: HERZOG, LAVERNE P  
Address: 240 EAGLE ESTATE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: MGR ( ) Delete  
Name: SWAIN, STEWART  
Address: PO BOX 1907  
City-St-Zip: KERNERSVILLE, NC 27285

**ADDITIONS/CHANGES:**

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: LP HERZOG

MGR

03/26/2009

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