

CITY-ST-ZIP

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

| | ANNUAL | KEPUKI | | _ Secretary or State | | | |
|--|---|--|---|---|--|--|--|
| 1. Entity Nam | | 04-26-2004 90050 029 ****50.00 | | | | | |
| ST. LUCI | E LAMONT PROPERTIES, | LLC | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | |
| 101 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444 US | | 101 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444 US | | | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03112004 Chg-LLC CR2E083 (10/03) | | | |
| City & State | | City & State | | 4. FEI Number 75-3133321 Applied For Not Applicable | | | |
| Zip | Country | Zìp | Country | 5. Certificate of Status Desired S5.00 Additional Fee Required | | | |
| | 6. Name and Address of Current I | Registered Agent | Name | 7. Name and Address of New Registered Agent | | | |
| FRICKE, H | HENRY A | | Name | | | | |
| 101 PINE | APPLE GROVE WAY BEACH, FL 33444 | Street Address (| | s (P.O. Box Number is Not Acceptable) | | | |
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| | | | City | FL Zip Code | | | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office or regist | tered agent, or both, in the State of Florida. I am familiar with, and accept | | | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | E: Registered Agent signature requi | red when reinstating) DATE | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | ADDITIONS/CHANGES | | | |
| TITLE | MGR | ☐ Delete | TITLE | ☐ Change ☐ Addition | | | |
| NAME STREET ADDRESS | PUGLIËSE, ANTHONY V III 101 PINEAPPLE GROVE WAY | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | l i | | | | |
| TITLE | | | CITY-ST-ZIP | 1 | | | |
| NAME | | ☐ Delete | TITLE | ☐ Change ☐ Addition | | | |
| | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addition | | | |
| STREET ADDRESS CITY-ST-ZIP | | ☐ Deligite | TITLE | ☐ Change ☐ Addition [| | | |
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| CITY-ST-ZIP TITLE NAME | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | |
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11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

| SIGNATURE: VALLATION OF THE | ATTEMENT OF SEGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE | Date | <u> </u> | Daytime Phone # | 7000 |
|-----------------------------|--|-------|----------|-----------------|-------|
| NONATURE & | Anthony V. Pugliese NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | . TTT | 3-15-04 | 561-330- | -7000 |