

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028539

FILED
Apr 27, 2005
Secretary of State

Entity Name: PORT ST. LUCIE PROJECTS, LLC

Current Principal Place of Business:

9553 HARDING AVENUE, SUITE 307
SURFSIDE, FL 33154

New Principal Place of Business:

15151 N.E. 21ST AVENUE
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

9553 HARDING AVENUE, SUITE 307
SURFSIDE, FL 33154

New Mailing Address:

15151 N.E. 21ST AVENUE
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 20-1094772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN M. LEE, P.A.
1699 CORAL WAY, SUITE 502
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEVEN M. LEE, P.A.
1200 SW 2ND AVENUE
MIAMI, FL 33130 US

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:

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BALLESTEROS, CHRISTIAN R
Address: 3247 N.E. 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM () Delete
Name: USUGA, GUSTAVO A
Address: 3953 OSPREY COURT
City-St-Zip: WESTON, FL 33327

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 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 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: CHRISTIAN BALLESTEROS

MGRM

04/27/2005

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