


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90129 021 ***138.75

DOCUMENT # L04000071582		
1. Entity Name S/ST. LUCIE PROPERTY, L.L.C.		

Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301	Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

60013830



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, PATRICIA C/O STILES CORPORATION 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Robert Esposito Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 SE 2nd Street City Ft. Lauderdale FL Zip Code 33301
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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  Robert Esposito January 31, 2008
Signature, typed or printed name of registered agent add 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STILES, TERRY W 300 SE 2ND STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Terry W. Stiles January 31, 2008 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #