

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023014

Entity Name: PORT ST. LUCIE ONE, LLC

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

3847 CAPE POINT CIR.  
JUPITER, FL 33477

## New Principal Place of Business:

## Current Mailing Address:

3847 CAPE POINT CIR.  
JUPITER, FL 33477

## New Mailing Address:

45 BELL CIRCLE  
PORT JEFFERSON, NY 11777

FEI Number: 33-1113288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKOLNICK, SHEILA  
3847 CAPE POINT CIR.  
JUPITER, FL 33477 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: MGRM ( ) Delete  
Name: SKOLNICK, SHEILA  
Address: 3847 CAPE POINT CIR.  
City-St-Zip: JUPITER, FL 33477

Title: MGRM ( ) Delete  
Name: FULLER, HOWARD  
Address: 12 QUAKER HILL ROAD  
City-St-Zip: STONYBROOK, NY 11790

## 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 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: SHEILA SKOLNICK

MGRM

04/28/2006

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