

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90364 003 ****50.00

DOCUMENT # L05000023014

1. Entity Name

PORT ST. LUCIE ONE, LLC



Principal Place of Business

3847 CAPE POINT CIR.
JUPITER FL 33477

Mailing Address

45 BELL CIRCLE
PORT JEFFERSON NY 11777



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

200 motor Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-24

City & State

City & State

Houppauge ny

Zip

Country

Zip

Country

11788

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

33-1113288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOLNICK, SHEILA
3847 CAPE POINT CIR.
JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SKOLNICK, SHEILA
3847 CAPE POINT CIR.
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FULLER, HOWARD
12 QUAKER HILL ROAD
STONYBROOK NY 11790 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 motor Parkway, D-24
Houppauge ny 11788 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Howard Fuller member 4/12/07 631-499-7900