

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023014

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** PORT ST. LUCIE ONE, LLC

**Current Principal Place of Business:**

3847 CAPE POINT CIR.  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

200 MOTOR PKWY  
D-24  
HAUPPAUGE, NY 11778

**New Mailing Address:**

**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: 200 MOTOR PKWY D-24  
City-St-Zip: HAUPPAUGE, NY 11788

**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 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

MGR

01/07/2009

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