


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

| | |
|-------------------------------------|---|
| DOCUMENT # L05000039061 |  |
| 1. Entity Name HL ST. LUCIE, LLC | |

| | |
|--|---|
| Principal Place of Business 658 W. INDIANTOWN ROAD SUITE 211 JUPITER, FL 33458-7535 | Mailing Address PO BOX 3967 TEQUESTA, FL 33469-3967 |
|--|---|

DO NOT WRITE IN THIS SPACE



04142008 No Chg-LLC

CR2E083 (12/07)


| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 05-0625297 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent HELM, KIM 658 W. INDIANTOWN ROAD JUPITER, FL 33458-7535 |
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IN THIS SPACE

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:  _____

(NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CK ST. LUCIE, LLC 646 HERMITAGE CIRCLE PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAT 5 INVESTMENTS LLC 658 WEST INDIANTOWN ROAD, SUITE 211 JUPITER, FL 33458 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/29/08-80042-023 138.75

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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:  _____

5617434420
4/14/08

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

Date Daytime Phone #