

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039061

Entity Name: HL ST. LUCIE, LLC

FILED  
Mar 15, 2009  
Secretary of State

## Current Principal Place of Business:

658 W. INDIANTOWN ROAD  
SUITE 211  
JUPITER, FL 334587535

## New Principal Place of Business:

646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

PO BOX 3967  
TEQUESTA, FL 334693967

## New Mailing Address:

646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

FEI Number: 05-0625297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELM, KIM  
658 W. INDIANTOWN ROAD  
JUPITER, FL 334587535 US

## Name and Address of New Registered Agent:

LUSKIN, CARY  
646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410 US

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: CARY LUSKIN

03/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CK ST. LUCIE, LLC,  
Address: 646 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM (X) Delete  
Name: CAT 5 INVESTMENTS LL, C  
Address: 658 WEST INDIANTOWN ROAD, SUITE 211  
City-St-Zip: JUPITER, FL 33458

## 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: CARY LUSKIN

MGRM

03/15/2009

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