

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90390 001 \*\*\*\*\*5.00  
02-20-2007 90390 002 \*\*\*\*\*50.00

**DOCUMENT # L05000068680**

1. Entity Name  
**ST. LUCIE INDUSTRIAL PARK LLC**



Principal Place of Business  
**C/O LUZENE PRODUCTS, INC.  
180 COURTRIGHT STREET, STE. 100  
WILKES-BARRE, PA 18702-1802**

Mailing Address  
**C/O LUZENE PRODUCTS, INC.  
180 COURTRIGHT STREET, STE. 100  
WILKES-BARRE, PA 18702-1802**



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, STE. 500 EAST  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BELL, STUART M  
180 COURTRIGHT STREET, STE. 100  
WILKES-BARRE, PA 187021802**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BELL, EDWIN L  
6 CHERRY VALE DRIVE  
CHERRY HILLS VILLAGE, CO 80113**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]* **MANAGER**

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

*1/26/07*

Date

*576 825-6691*

Daytime Phone #