

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-28-2008 90102 005 *****5.00
03-13-2008 90272 040 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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**

60014611



01252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

**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	MGR BELL, STUART M 180 COURTRIGHT STREET, STE. 100 WILKES-BARRE, PA 187021802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, EDWIN L 8 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]* **STUART M. Bell** Managing Member 1/24/08 570 825-669

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

Date

Overtime Phone #