

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103365

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** OGLETHORPE OF PORT ST. LUCIE, LLC

**Current Principal Place of Business:**

18302 HIGHWOOD PRESERVE PARKWAY, SUITE 114  
TAMPA, FL 33647

**New Principal Place of Business:**

18302 HIGHWOODS PRESERVE PARKWAY  
STE. #114  
TAMPA, FL 33647 US

**Current Mailing Address:**

18302 HIGHWOOD PRESERVE PARKWAY, SUITE 114  
TAMPA, FL 33647

**New Mailing Address:**

18302 HIGHWOODS PRESERVE PARKWAY  
STE. #114  
TAMPA, FL 33647 US

**FEI Number:** 20-3654205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROCK, JAMES C  
7065 WESTPOINTE BOULEVARD  
#317  
ORLANDO, FL 32835 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: MGR ( ) Delete  
Name: COHEN, ROBERT M  
Address: 18302 HIGHWOOD PRESERVE PARKWAY, SUITE 114  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COHEN, ROBERT M  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE. 114  
City-St-Zip: TAMPA, FL 33647 US

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:** ROBERT M. COHEN

MR

04/29/2008

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