

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-01-2006 90051 021 ****50.00

DOCUMENT # L05000120285 1. Entity Name PORT ST. LUCIE INTERNATIONAL INVESTMENT, LLC					
Principal Place of Business 13412 57TH PLACE SOUTH WELLINGTON, FL 33467			Mailing Address 13412 57TH PLACE SOUTH WELLINGTON, FL 33467		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3958576	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent METZGER, JOHN T ESQ 250 AUSTRALIAN AVENUE SOUTH STE 700 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 removing) Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANKLIN HOET 13412 57TH PLACE S WELLINGTON, FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <i>[Signature]</i>				Date 07/28/06 (561) 822-4476	

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