


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90149 041 \*\*\*\*50.00

**DOCUMENT # L06000004508**

1. Entity Name  
**HCAM PORT ST. LUCIE, LLC**



Principal Place of Business  
**2315 NW 107 AVENUE, UNIT 1M13  
 MIAMI, FL 33172**

Mailing Address  
**2315 NW 107 AVENUE, UNIT 1M13  
 MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02262007 Chg-LLC CR2E083 (12/06)

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

**CALAS, PERLA SOLE**  
**15450 NEW BARN ROAD, SUITE 302**  
**PERLA SOLE CALAS, ATTORNEY AT LAW P.A.**  
**MIAMI LAKES, FL 33014**

**7. Name and Address of New Registered Agent**

Name **HENRY CONTRERAS**

Street Address (P.O. Box Number is Not Acceptable)  
**2315 N.W 107<sup>TH</sup> AVE SUITE 1M13**

City **MIAMI** FL Zip Code **33172**

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]* DATE **02.26.07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resetting)

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

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Mgr. HENRY CONTRERAS  
 2315 N.W 107<sup>TH</sup> AVE SUITE 1M13  
 MIAMI, FL 33172.*

11. I hereby certify that the information provided 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]* **02.26.07** (786)-845-9561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # EXT. 202