

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90278 035 ****50.00

DOCUMENT # L06000056541

1. Entity Name

FT. PIERCE INVESTORS, LLC



Principal Place of Business

3191 CORAL WAY, SUITE 624
CORAL GABLES FL 33145

Mailing Address

3191 CORAL WAY, SUITE 624
CORAL GABLES FL 33145



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-5704881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAVARES DE MELO, PAULO
3191 CORAL WAY, SUITE 624
CORAL GABLES FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TAVARES DE MELO, PAULO
STREET ADDRESS 3191 CORAL WAY, SUITE 624
CITY- ST- ZIP CORAL GABLES FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME TAVARES DE MELO, MARCELLIO
STREET ADDRESS 3191 CORAL WAY, SUITE 624
CITY- ST- ZIP CORAL GABLES FL 33145

TITLE ☒ Change ☐ Addition
NAME MGR
STREET ADDRESS TAVARES DE MELO, MARCILIO
CITY- ST- ZIP 3191 CORAL WAY #624
CORAL GABLES, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paulo T. Melo*

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

PAULO T. MELO

1/30/07

Date

305 567 1163

Daytime Phone #