

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90405 034 ***138.75

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**

60012134



2. Principal Place of Business - No P.O. Box #
2828 CORAL WAY

3. Mailing Address
2828 CORAL WAY

Suite, Apt. #, etc.
308

Suite, Apt. #, etc.
308

01312008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-5704881

Applied For
☐ Not Applicable

Zip
33145 Country
USA

Zip
33145 Country
USA

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
SAHE
Street Address (P.O. Box Number is Not Acceptable)
2828 CORAL WAY # 308
City
MIAMI FL Zip Code
33145

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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAHE
2828 CORAL WAY # 308
MIAMI
FL 33145** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAVARES DE MELO, MARCELLIO
2828 CORAL WAY # 308
MIAMI FL 33145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ 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:

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

2/22/2008

Date

305 567 1163

Daytime Phone #