


**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**

01312008 Chg-LLC CR2E083 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33145** Country  
**USA**

Zip  
**33145** Country  
**USA**

4. FEI Number  
**20-5704881**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**SAME**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, PAULO <del>3191 CORAL WAY, SUITE 624</del> CORAL GABLES, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, MARCELLIO 3191 CORAL WAY, SUITE 624 CORAL GABLES, FL 33145 <input checked="" 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
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	<b>SAME</b> 2828 CORAL WAY # 308 MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES DE MELO, MARCELLIO 2828 CORAL WAY # 308 MIAMI FL 33145 <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
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

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: *A. Henrique Tavares* Date: 2/22/2008 Daytime Phone #: 305 567 1163

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