




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 015 ***138.75

DOCUMENT # L06000056547					
1. Entity Name ST. LUCIE INVESTORS, LLC					
Principal Place of Business 2191 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 # 2828 CORAL WAY Suite, Apt. #, etc. 308 City & State MIAMI FL Zip 33145 Country USA		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 308 City & State MIAMI FL Zip 33145 Country USA			
4. FEI Number 20-5704819				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 reissuing) 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 MGR NAME TAVARES DE MELO, PAULO STREET ADDRESS 3191 CORAL WAY, SUITE 624 CITY-ST-ZIP CORAL GABLES, FL 33145	<input type="checkbox"/> Delete		TITLE SAME NAME 2828 CORAL WAY # 308 STREET ADDRESS MIAMI, FL, 33145 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MARCOS TAVARES COSTA CARVALHO STREET ADDRESS 3191 CORAL WAY, SUITE 624 CITY-ST-ZIP CORAL GABLES, FL 33145	<input type="checkbox"/> Delete		TITLE SAME NAME 2828 CORAL WAY # 308 STREET ADDRESS MIAMI, FL, 33145 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			2/22/2008		305 567 1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #