

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088262

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ST. LUCIE REAL ESTATE PARTNERSHIP, LLC

**Current Principal Place of Business:**

298 S.W. 6TH AVENUE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

298 S.W. 6TH AVENUE  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 20-5568470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNNE S.K. VENTRY, P.A.  
955-N NORTHWEST 17TH AVENUE  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WOLFF, MAURICIO  
**Address:** 298 S.W. 6TH AVENUE  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** MGR  
**Name:** WOLFF, KLAUS  
**Address:** 298 S.W. 6TH AVENUE  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** MGR  
**Name:** DEL ROSAL, JOSE' ANTONIO  
**Address:** 298 S.W. 6TH AVENUE  
**City-St-Zip:** BOCA RATON, FL 33486

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** KLAUS WOLFF

MGR

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date