


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90207 027 ****50.00

DOCUMENT # L06000092691

1. Entity Name
 WEST ST. LUCIE FARMS COMPANY, LLC



Principal Place of Business Mailing Address
 14095 STATE ROAD 7 14095 STATE ROAD 7
 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446

60023574

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 14095 State Rd. 7 14095 State Rd. 7
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03072007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Delray Beach FL Delray Beach FL
 Zip Country Zip Country
 33446 USA 33446 USA

4. FEI Number Applied For
 65-0984149 Not Applicable

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

6. Name and Address of Current Registered Agent

PERO, ANGELA
 14095 STATE ROAD 7
 DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
 Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	Peter Pero II	14095 State Rd. 7	Delray Beach FL 33446		
MGRM	Frank Pero	14095 State Rd. 7	Delray Beach FL 33446		
MGRM	Charles Pero	14095 State Rd. 7	Delray Beach FL 33446		
MGRM	Angela Pero	14095 State Rd. 7	Delray Beach FL 33446		

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 Date Daytime Phone #