

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090876

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** TRADITION CENTER FOR INNOVATION, LLC

**Current Principal Place of Business:**

10489 SW MEETING STREET  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5403  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 26-0846239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: HORIZONS ST. LUCIE DEVELOPMENT, LLC  
Address: 10489 SW MEETING STREET  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: MGR  
Name: FELTMAN, DAVID C  
Address: 4333 EDGEWOOD ROAD NE  
City-St-Zip: CEDAR RAPIDS, IA 524995555

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: DAVID FELTMAN

MGR

04/17/2012

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