


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000118828	
1. Entity Name ST. LUCIE HOSPITALITY AT TRADITION LLC	

FILED

08 SEP 17 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 10521 SW VILLAGE CENTER DR PORT ST LUCIE, FL 34987	Mailing Address 10521 SW VILLAGE CENTER DR PORT ST LUCIE, FL 34987
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2. Principal Place of Business - No P.O. Box # 302 Washington Ave Ext	3. Mailing Address PO Box 12753
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Albany, NY	City & State Albany, NY
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Zip 12203	Country USA	Zip 12212	Country USA
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07172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4672478	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate or Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  Authorized Agent	Date 9/2/08
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