

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L96000001267

FILED
Jul 25, 2008
Secretary of State**Entity Name:** ST. LUCIE OAKS, L.C.**Current Principal Place of Business:**380 BRAZILIAN CIR.
PORT SAINT LUCIE, FL 34952**New Principal Place of Business:****Current Mailing Address:**380 BRAZILIAN CIR.
PORT SAINT LUCIE, FL 34952**New Mailing Address:****FEI Number:** 65-0727843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART, FL 34996 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 () Delete
Name: GIL DE ALMEIDA, JOSE EDUARDO
Address: 1595 SW CROSSINGS CIRCLE
City-St-Zip: PALM CITY, FL 34990**Title:** MGRM () Delete
Name: GALE-GIBSON, PRISCILLA
Address: 2161 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996**Title:** MGRM (X) Delete
Name: GOMES, RICHARD
Address: 2161 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PRISCILLA GALE-GIBSON

MM

07/25/2008

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