

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000001267

Entity Name: ST. LUCIE OAKS, L.C.

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**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:**

SOPKO, JAMES  
2300 SE MONTEREY ROAD  
STUART, FL 34996 US

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

01/15/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIL DE ALMEIDA, JOSE EDUARDO  
Address: 1595 SW CROSSINGS CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: GALE-GIBSON, PRISCILLA  
Address: 2161 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34996

Title: MGRM  
Name: FILIPE, BRASILINO  
Address: 9960 S. OCEAN DRIVE #403  
City-St-Zip: JENSEN BEACH, FL 34957

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: PRISCILLA GALE-GIBSON

MGRM

01/15/2010

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