

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001715

1. Entity Name

ST. LUCIE PALM CENTER, L.L.C.



Principal Place of Business

2240 WOOLBRIGHT RD., SUITE 300
BOYNTON BEACH, FL 33426

Mailing Address

2240 WOOLBRIGHT RD., SUITE 300
BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0863268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPIGNANI, LOUIS J
2240 WOOLBRIGHT RD., SUITE 300
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGRM |
| NAME | APPIGNANI, LOUIS J |
| STREET ADDRESS | 2240 WOOLBRIGHT RD., SUITE 300 |
| CITY- ST- ZIP | BOYNTON BEACH, FL 33426 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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02/26/05-30021-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/24/05 561-364-5500