

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 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**



03112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**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**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000932531  
05/22/08-80058-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

**TITLE**  
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IN THIS SPACE**

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Louis J. Appignani* **Louis J. Appignani** 4/29/08 561-364-5500