2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002685

1. Entity Name ST. LUCIE BUSINESS PARK, L.L.C.

Principal Place of Business

Mailing Address

2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426

2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426

FILED Jan 15, 2004 08:00 AM Secretary of State



01092004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		
	65-0927691		

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 ROAD, SUITE 300 BOYNTON BEACH, FL 33426

	,	11/4 1	nis space
	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling)	DATE
	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM APPIGNANI, LOUIS J 2240 WOOLBRIGHT ROAD, SUITE 300 BOYNTON BEACH, FL 33426		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/15/04-80062-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature shibility company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver of trustee empowered to execute the company of the receiver of trustees empowered to execute the company of the receiver of of t	ualify for the exemption stated in Section 119.07(3)(i) all have the same legal effect as if made under oath; bute this report as required by Chapter 608, Florida S	Florida Statutes. I further certify that the information that I am a managing member or manager of the tatutes.

MAGING LEMBER, OR AUTHORIZED REPRESENTATIVE