

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000008337

1. Entity Name  
SDC ST. LUCIE PARTNERS, LLC



Principal Place of Business  
4700 N.W. 132ND STREET  
MIAMI, FL 33054

Mailing Address  
4700 N.W. 132ND STREET  
MIAMI, FL 33054



01262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0964377

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHMITZ, JOHN W  
1101 BRICKELL AVENUE, SUITE 1700  
MIAMI, FL 33131

**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, 2006**

11000000435978  
02/27/06-80018-008 55.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | MGRM                             |
| NAME           | KLODA, RUBEN                     |
| STREET ADDRESS | 4700 N.W. 132ND STREET           |
| CITY- ST- ZIP  | MIAMI, FL 33054                  |
| TITLE          | MGRM                             |
| NAME           | SCHMITZ, JOHN                    |
| STREET ADDRESS | 1101 BRICKELL AVENUE, SUITE 1700 |
| CITY- ST- ZIP  | MIAMI, FL 33131                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY- ST- ZIP  |                                  |

**DO NOT WRITE  
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 #

2/7/06