

**2006 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008965

1. Entity Name
ST. LUCIE HOSPITALITY, LLC



Principal Place of Business
**1101 BRICKELL AVENUE, SUITE 1700
MIAMI, FL 33131**

Mailing Address
**4700 NW 132ND ST
MIAMI, FL 33054**



01262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0988135

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**

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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 (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHMITZ, JOHN W
1101 BRICKELL AVE STE 1700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STV
KLODA, RUBEN
4700 NW 132ND STREET
MIAMI, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHMITZ REALTY COMPANY
1101 BRICKELL AVE STE 1700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLODA REALTY COMPANY
4700 NW 132ND STREET
MIAMI, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000430120
02/22/06-80035-010 55.00

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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 #

2/7/06