

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008965

Entity Name: ST. LUCIE HOSPITALITY, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1101 BRICKELL AVENUE, SUITE 1700  
MIAMI, FL 33131

**New Principal Place of Business:**

13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

4700 NW 132ND ST  
MIAMI, FL 33054

**New Mailing Address:**

13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054

FEI Number: 65-0968135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCHMITZ, JOHN W  
13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054 US

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.

SIGNATURE:

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: SCHMITZ, JOHN W  
Address: 13449 N. W. 42ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: STV  
Name: KLODA, RUBEN  
Address: 13449 N. W. 42ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM  
Name: SCHMITZ REALTY COMPANY  
Address: 13449 N. W. 42ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM  
Name: KLODA REALTY COMPANY  
Address: 13449 N. W. 42ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RUBEN KLODA

STV

01/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date