

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2009  
Secretary of State**

DOCUMENT# L06000056541

Entity Name: FT. PIERCE INVESTORS, LLC

**Current Principal Place of Business:**

2828 CORAL WAY  
308  
CORAL GABLES, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2828 CORAL WAY  
308  
CORAL GABLES, FL 33145

**New Mailing Address:**

FEI Number: 20-5704881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TAVARES DE MELO, PAULO  
2828 CORAL WAY 308  
CORAL GABLES, FL 33145    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: TAVARES DE MELO, PAULO  
Address: 2828 CORAL WAY 308  
City-St-Zip: CORAL GABLES, FL 33145

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: TAVARES DEMELO, MARCILIO  
Address: 2828 CORAL WAY 308  
City-St-Zip: MIAMI, FL 33145

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GABRIELA GUIMARAES

POA

05/03/2009

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