


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90197 017 \*\*\*\*50.00

**DOCUMENT # L02000000065**

1. Entity Name  
**HUBERT RUTLAND L.L.C.**



Principal Place of Business      Mailing Address  
**401 EAST JACKSON STREET, SUITE 2650**      **P.O. BOX 76143**  
**TAMPA, FL 33602**      **ST PETERSBURG, FL 33734**

2. Principal Place of Business      3. Mailing Address  
**898-30th AVE. N.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**St. Petersburg, FL**  
Zip      Country      Zip      Country  
**33704**      **USA**

6. Name and Address of Current Registered Agent  
**TAMARAGO, TED R**  
**401 EAST JACKSON STREET, SUITE 2650 2400**  
**TAMPA, FL 33602**



03032006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**80-0004981**       Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code


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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTLAND, HUBERT III P.O. BOX 76143 ST PETERSBURG, FL 33734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**       **3/3/06**      **727-894-3703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #