

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90092 010 ****50.00

DOCUMENT # **L02000024725**

1. Entity Name
TUBBS REAL ESTATE, LLC



| | |
|--|--|
| Principal Place of Business 1304 AVALON DRIVE ROCKLEDGE FL 32955 | Mailing Address 1304 AVALON DRIVE ROCKLEDGE FL 32955 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 6857 THORNHILL CIRCLE Suite, Apt. #, etc. | 3. Mailing Address 6857 THORNHILL CIRCLE Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------------------------------|--------------------------------------|---------------------|---|
| City & State Windermere FL | City & State WINDERMERC FL | 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 34786 | Country USA | Zip 34786 | Country USA |

CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

WHITE, DANIEL O
801. NORTH MAGNOLIA AVE. SUITE 317
ORLANDO FL 32803

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE President | <input type="checkbox"/> Delete |
| NAME PATRICK TUBBS | |
| STREET ADDRESS 6857 Thornhill Circle | |
| CITY-ST-ZIP Windermere, FL 34786 | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patrick Tubbs* **PATRICK TUBBS** 7-11-03 407 877-3160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)