

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90175 032 ****55.00

DOCUMENT # L02000026785

1. Entity Name

TIBBETTS LAND, LLC



Principal Place of Business

3300 FAIRFIELD AVE. SOUTH
ST. PETERSBURG FL 33712

Mailing Address

3300 FAIRFIELD AVE. SOUTH
ST. PETERSBURG FL 33712

2. Principal Place of Business - No P.O. Box #
695 31st STREET SOUTH

3. Mailing Address
695 31st STREET SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG, FLORIDA

City & State

SAINT PETERSBURG, FLORIDA

4. FEI Number

56-2299893

Applied For

Not Applicable

Zip

33712

Country

U.S.A.

Zip

33712

Country

U.S.A.

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDES, RUSSEL P
695 31ST STREET SOUTH
ST. PETERSBURG FL 33712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: BRANDES, RUSSELL P
STREET ADDRESS: 3300 FAIRFIELD AVE. SOUTH
CITY-STATE-ZIP: ST. PETERSBURG FL 33712

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGR ☒ Change ☐ Addition
NAME: BRANDES, RUSSEL P.
STREET ADDRESS: 695 31st STREET SOUTH
CITY-STATE-ZIP: SAINT PETERSBURG, FLORIDA 33712

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Russell P. Brandes Manager

4-26-07

727-322-1403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone