

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90246 002 ****50.00

DOCUMENT # L03000030016

1. Entity Name

TITUSVILLE ASSOCIATES, LLC



Principal Place of Business

1033 S. FLORIDA AVE.
ROCKLEDGE, FL 32955

Mailing Address

1033 S. FLORIDA AVE.
ROCKLEDGE, FL 32955

20010374



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1181839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD, STE 505
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 retaking)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROXANNE JOHNSON-GIEBINK, M.D.
STREET ADDRESS 1033 S. FLORIDA AVE.
CITY - ST - ZIP ROCKLEDGE, FL 32955

TITLE MGR
NAME JAMES C. GIEBINK, M.D.
STREET ADDRESS 1033 S. FLORIDA AVE.
CITY - ST - ZIP ROCKLEDGE, FL 32955

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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:

James C. Giebink

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

1-18-06 632-0351

Date

Daytime Phone #