

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90228 022 \*\*\*\*50.00

**DOCUMENT # L04000067214**

1. Entity Name

**TUBITO PROPERTY MANAGEMENT, LLC**



Principal Place of Business

1928 SW BILTMORE STREET  
PORT ST. LUCIE FL 34984  
US

Mailing Address

1928 SW BILTMORE STREET  
PORT ST. LUCIE FL 34984  
US



2. Principal Place of Business

3. Mailing Address

**1551 S SE Niemeyer Cir.**

**1551 S SE Niemeyer**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**Port St Lucie, FL**

City & State

**Port St Lucie, FL**

4. FEI Number

**20-1609613**

Applied For

Not Applicable

Zip

**34952**

Country

Zip

**34952**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUBITO, NICHOLAS**  
**1928 SW BILTMORE STREET**  
**PORT ST. LUCIE FL 34984**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1551 S SE Niemeyer Circle**

City

**Port St. Lucie**

**FL**

Zip Code

**34952**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGMR** ☐ Delete  
NAME **TUBITO, NICHOLAS**  
STREET ADDRESS **1928 SW BILTMORE STREET**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **TUBITO, HEATHER**  
STREET ADDRESS **1928 SW BILTMORE STREET**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

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

Date

Daytime Phone #