## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 26, 2007 8:00 am Secretary of State DOCUMENT # L04000067214 01-26-2007 90078 026 \*\*\*\*50.00 TUBITO PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address 1551 S. SE NIEMEYER CIR 1551 S. SE NIEMEYER CIR PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1551 SE S NIEMEYER CIRC 1551 SE S NIEMPYER Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For PORT ST LUCKE FC BRT ST 20-1609613 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUBITO, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 1551 S. SE NIEMEYER CIRCLE PORT SAINT LUCIE, FL 34952 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 rinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGMR MGMR TITLE ☐ Delete TITLE Change ☐ Addition TUBITO, NICHULAS TUBITO, NICHOLAS NAME NAME 1551 SE S' NIEMEYER GIRCLE STREET ADDRESS 1928 SW BILTMORE STREET STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34984 CITY-ST-ZIP PORT ST LUCIE MGRM TITLE MOMR TITLE ☐ Delete Change ☐ Addition TUBITO, HEATHER NAME NAME TUBITO, HEATHER 15515E'S NIEMEYER GROVE STREET ADDRESS 1928 SW BILTMORE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE, FL 34984 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING NANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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