

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-16-2007 90175 031 \*\*\*\*55.00

DOCUMENT # L06000035213

1. Entity Name

TIBBETTS PROPERTIES, LLC



Principal Place of Business

3300 FAIRFIELD AVENUE SOUTH  
ST. PETERSBURG FL 33712

Mailing Address

3300 FAIRFIELD AVENUE SOUTH  
ST. PETERSBURG FL 33712

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

Suite, Apt. #, etc.

3. Mailing Address  
695 31st STREET SOUTH

Suite, Apt. #, etc.

City & State  
SAINT PETERSBURG, FLORIDA

Zip Country  
33712 U.S.A.

City & State  
SAINT PETERSBURG, FLORIDA

Zip Country  
33712 U.S.A.

4. FEI Number  
20-4618962

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

1st MOORE CR2E083 (10/06)



## 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 re-registering)

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR TIBBETTS, LINTON N 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANDES, RUSSEL P 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIBBETTS, DANIEL E 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIBBETTS, LINTON N. 695 31st STREET SOUTH SAINT PETERSBURG, FLORIDA 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANDES, RUSSEL P. 695 31st STREET SOUTH SAINT PETERSBURG, FLORIDA 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOWMAN, DANIEL S. 695 31st STREET SOUTH SAINT PETERSBURG, FLORIDA 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-26-07 (727)322-1403

Date

Daytime Phone #