

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002338

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** GILBERT-DUNCAN PROPERTIES, L.C.

**Current Principal Place of Business:**

5101-5105 NORTHWEST 10TH TERRACE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

5101-5105 NORTHWEST 10TH TERRACE  
FORT LAUDERDALE, FL 33309 UN

**Current Mailing Address:**

5101-5105 NORTHWEST 10TH TERRACE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-0928883      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIBURZI, MICHAEL D MNGRM  
5101-5105 NORTHWEST 10TH TERRACE  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TIBURZI, MICHAEL D  
**Address:** 5101-5105 NW TENTH TERRACE  
**City-St-Zip:** FT LAUDERDALE, FL 33309

**Title:** MMBR  
**Name:** BASSETT, THOMAS A  
**Address:** 5101-5105 NW TENTH TERRACE  
**City-St-Zip:** FT LAUDERDALE, FL 33309

**Title:** MMBR  
**Name:** BASSETT, MELISSA T  
**Address:** 5101 NW 10TH TERRACE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** MMBR  
**Name:** TIBURZI, CONNIE A  
**Address:** 5101 NW 10TH TERRACE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL TIBURZI

MNGR

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date