



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A06207 1. Entity Name RUBIN ASSOCIATES, LIMITED		
Principal Place of Business 15500 ROOSEVELT BLVD. SUITE 301 CLEARWATER, FL 33760-3410 US	Mailing Address 15500 ROOSEVELT BLVD. SUITE 301 CLEARWATER, FL 33760-3410 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RUBIN, LESLIE 15500 ROOSEVELT BLVD. CLEARWATER, FL 33760		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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		DATE _____
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP	436032 RUBIN DEVELOPMENT CORPORATION 15500 ROOSEVELT BLVD., STE. 301 CLEARWATER, FL 337603410	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes		
SIGNATURE:  LESLEE A RUBIN 4/25/06 727-530-0021 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>		



04122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-1804227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000563561
05/20/06-80016-008 500.00

DO NOT WRITE IN THIS SPACE