

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014240 AT

DOCUMENT # A06207

1. Entity Name
RUBIN ASSOCIATES, LIMITED



FILED

2003 MAY 14 AM 8:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1804227

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, LESLIE
15500 ROOSEVELT BLVD.
CLEARWATER FL 33760

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.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 436032
NAME RUBIN DEVELOPMENT CORPORATION
STREET ADDRESS 15201 ROOSEVELT BLVD., SUITE #112
CITY-ST-ZIP CLEARWATER FL 33760

STREET ADDRESS 15500 ROOSEVELT BLVD STE 301
CITY-ST-ZIP CLEARWATER FL 33760

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

727-530-0021

CR2E003 (10/02)