

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B96000000378

1. Entity Name
RUBY RED EQUITIES LIMITED PARTNERSHIP



Principal Place of Business
2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917

Mailing Address
2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917

2. Principal Place of Business

12800 UNIVERSITY DR
 Suite, Apt. #, etc.
SUITE 400
 City & State
FORT MYERS, FL
 Zip Country
33907 USA

3. Mailing Address

12800 UNIVERSITY DR
 Suite, Apt. #, etc.
SUITE 400
 City & State
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 Zip Country
33907 USA



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3421533

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT
37 N. ORANGE AVE. SUITE 200
ORLANDO, FL 32802-3388

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
300036287543
05/14/04--01007--016 **526.25
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, **\$324,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

\$526.25

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 # F96000004951
NAME RUBY RED REALTY CORP.
STREET ADDRESS 2250 AVENIDA DEL VERA
CITY-ST-ZIP N. FT. MYERS, FL 33917

STREET ADDRESS 12800 University Dr., Ste 400
CITY-ST-ZIP Fort Myers, FL 33907

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE