

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **B96000000378**

1. Entity Name
RUBY RED EQUITIES LIMITED PARTNERSHIP



Principal Place of Business
**560 MAMARONECK AVENUE-
HARRISON NY 10528**

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

FILED
03 MAY -5 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business
2250 Avenida Del Vera

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **13-3421533**

Applied For
Not Applicable

N. Ft. Myers FL

Zip
33917

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. **\$324,000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F96000004951
RUBY RED REALTY CORP.
550 MAMARONECK AVENUE-
HARRISON NY 10528**

STREET ADDRESS
2250 Avenida Del Vera

CITY-ST-ZIP
N. Ft. Myers FL 33917

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**100018006051
05/05/03--01053--024 **526.25**

DOCUMENT #
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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 REQUIRED 28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

239-731-4538
Date Daytime Phone #

CR2E003 (10/02)

0014867 AT