

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 033 ****50.00

DOCUMENT # L00000004712 1. Entity Name RUKAB BUILDERS "L.L.C."			
Principal Place of Business 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084		Mailing Address 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084	
2. Principal Place of Business Suite, Apt. #, etc. 510 Fourteenth St City & State St Augustine FL Zip 32084		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 59-3665073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02182005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent RUKAB, JOE C 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Rukab, Joe C Street Address (P.O. Box Number is Not Acceptable) 510 Fourteenth St. City St Augustine FL Zip Code 32084	
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 x 4/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Delete	PT. RUKAB, JOE 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Change [] Addition	PT. Rukab Joe 510 Fourteenth St Saint Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Delete	VS RUKAB, JOANNE 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Change [] Addition	VS Rukab, Joanne S 510 Fourteenth St Saint Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Delete	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Delete	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Delete	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP [] Change [] Addition	
11. 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 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:		x 4/8/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	