


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90420 006 \*\*\*\*50.00

<b>DOCUMENT # L00000005572</b> 1. Entity Name <b>RUBA LAND GROUP, LLC</b>					
Principal Place of Business <b>5820 MEDINAH WAY ORLANDO, FL 32819</b>			Mailing Address <b>5820 MEDINAH WAY ORLANDO, FL 32819</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NATVAR, NANA</b> <b>5820 MEDINAH WAY</b> <b>ORLANDO, FL 32819</b>				Name <b>Nana, Natvar</b> Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Natvar Nana</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/22/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRP</b> <b>NANA, NATVAR</b> <b>5820 MEDINAH WAY</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEM</b> <b>MOORE, SCOTT</b> <b>703 GREEN AVENUE</b> <b>WINTER PARK, FL 32789</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>TAWILL, FARID</b> <b>P.O. BOX 162476</b> <b>ALTAMONTE SPRINGS, FL 32716</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Natvar Nana</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>2/22/04</u> (407) 876-5549 <small>Date Daytime Phone #</small>	