

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010818

Entity Name: RUBIN VENTURE, LLC

FILED
Apr 01, 2004
Secretary of State

Current Principal Place of Business:

STE 125, 4427 WEST KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

5100 W. KENNEDY BLVD
STE 225
TAMPA, FL 33609

Current Mailing Address:

PO BOX 320342
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-3670767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAREY, O'MALLEY, WHITAKER & MANSON, P.A.
712 SOUTH OREGON AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DOUGLAS, BRADFORD G
Address: STE 125, 4427 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: HUNT, HAMILTON E JR.
Address: STE 125, 4427 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGLAS, BRADFORD G
Address: 5100 W. KENNEDY BLVD, STE 225
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change () Addition
Name: HUNT, HAMILTON E JR.
Address: 5100 W. KENNEDY BLVD, STE 225
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRADFORD G. DOUGLAS

MGRM

04/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date