2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGN

FILED Feb 14, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L01000004273 Rub, llc _		Secretary of State
Principal Place of Business Mailing Address 2650 S. KINGS HIGHWAY FORT PIERCE, FL 34945 FORT PIERCE, FL 34945			
DO NOT WRITE IN THIS SPACE		CE	01212005No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For S5-1093533 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
JOHNSON, ROBERT J 2650 S. KINGS HIGHWAY FORT PIERCE, FL 34945			DO NOT WRITE IN THIS SPACE
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 thou [applicable (NOTE, Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM JOHNSON, ROBERT J 2650 S KINGS HWY FORT PIERCE, FL 34945		U00000229307 02/14/05-80072-013 50.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM WUCHTE, JOHN F 2650 S KINGS HWY FORT PIERCE, FL 34945		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ent. Berling		
11. I hereby certify that the information supplied with this filling 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 manager of the limited liability company or the receiver or trusted employered of execute misreport as required by Chapter 608, Florida Statutes.			