


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014228 <small>1. Entity Name</small> RUBY RAY, L.L.C.	
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<small>Principal Place of Business</small> 511 SOUTH PAULA DRIVE DUNEDIN FL 34698	<small>Mailing Address</small> 511 SOUTH PAULA DRIVE DUNEDIN FL 34698
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER FL 33756	<small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> FL <small>Zip Code</small>

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 (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small> <small>NAME</small>	<small>MGR</small> ARGYROS, RAYMOND A <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>	511 SOUTH PAULA DRIVE	<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	DUNEDIN FL 34698	<small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	

11. I hereby certify that the information indicated on this report is true and correct, 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, and I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Raymond A. Argyros **MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **4/19/05** **727-734-5581**
SIGNATURE DATE DAYTIME PHONE #