#### 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

# DOCUMENT # L01000022398

1. Entity Name

J & S RUBIN AT OAKS PLAZA, L.L.C.

**FILED** Mar 02, 2005 08:00 AM **Secretary of State** 

Principal Place of Business

660 GLADES RD

**STE 118** 

9.

BOCA RATON, FL 33431

Mailing Address

660 GLADES RD **STE 118** 

BOCA RATON, FL 33431



01162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0632391

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JOHN F 660 GLADES RD STE 110 BOCA RATON, FL 33431

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<ol><li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar wil	th, and accept
SIGNATURE————————————————————————————————————	(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005			

TITLE RUBIN, JOHN F NAME STREET ADDRESS 4455 ST. CHARLES WAY CITY-ST-7IP BOCA RATON, FL 33434 TITLE RUBIN, SHERI NAME STREET ADDRESS 4455 ST, CHARLES WAY CITY-ST-ZIP BOCA RATON, FL 33434 TITT F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

MANAGING MEMBERS/MANAGERS

U00000249101 03/02/05-80056-014 50.00

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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:

NAME STREET ADDRESS

> SIGNATURE AND RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE