

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-22-2004 90048 007 \*\*\*\*50.00

DOCUMENT # L02000001568

1. Entity Name  
RUBY LTD. CO.



Principal Place of Business  
30465 SOUTH ST.  
BIG PINE KEY, FL 33043

Mailing Address  
30465 SOUTH ST.  
BIG PINE KEY, FL 33043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08182004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

75-3045587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FISHER, JERRY  
30465 SOUTH ST.  
BIG PINE KEY, FL 33043

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME FISHER, JERRY MGRM  
STREET ADDRESS 30465 SOUTH ST.  
CITY-ST-ZIP BIG PINE KEY, FL 33043

TITLE MGR ☐ Delete  
NAME BALCOM, ROBERT MGR  
STREET ADDRESS 27380 CAYMAN LANE  
CITY-ST-ZIP RAMROD KEY, FL 33042

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 30465 South St.  
CITY-ST-ZIP Big Pine Key

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jerry Fisher 9/10/04 305-872-0989