


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90176 049 ****50.00

DOCUMENT # L02000013698	
1. Entity Name LAW OFFICE OF R. ERIC RUBIO, L.L.C	

Principal Place of Business 228 LITHIA PINECREST BRANDON, FL 33511-5308	Mailing Address 228 LITHIA PINECREST BRANDON, FL 33511-5308
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20010352



2. Principal Place of Business 619 Stone Dr.	3. Mailing Address 619 Stone Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02112005 Chg-LLC CR2E083 (10/03)

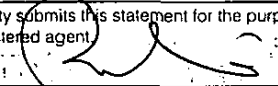
City & State Brandon FL	City & State Brandon, FL
Zip 33510-3529	Zip 33510-3529
Country	Country USA

4. FEI Number 82-0549052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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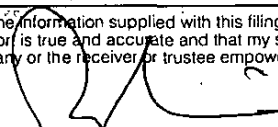
6. Name and Address of Current Registered Agent RUBIO, R. ERIC 228 LITHIA PINECREST RD. BRANDON, FL 33511-5308	
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7. Name and Address of New Registered Agent Name Rubio, R. Eric Street Address (P.O. Box Number is Not Acceptable) 619 Stone Dr. City Brandon FL Zip Code 33510-3529	
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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: 	DATE: 2/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIO, R. ERIC 228 LITHIA PINECREST RD. BRANDON, FL 335115308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rubio, R. Eric 619 Stone Dr. Brandon, FL 33510-3529 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 2/12/05 813 681-5453 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	