# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000023343**

1. Entity Name
RUBIN FAMILY INVESTMENTS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 15500 ROOSEVELT BLVD., SUITE 303<br>CLEARWATER, FL 33760 | 15500 ROOSEVELT BLVD., SUITE 303<br>CLEARWATER, FL 33760 |

**FILED**
**Apr 30, 2005 08:00 AM**
**Secretary of State**

## DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 20-0059911 | Not Applicable |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

---

6. **Name and Address of Current Registered Agent**

RUBIN, LESLIE A
15500 ROOSEVELT BLVD., SUITE 303
CLEARWATER, FL 33760

## 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 title if applicable.       (NOTE: Registered Agent signature required when reinstating)                    DATE

**Filing Fee is $50.00**
**Due by May 1, 2005**

U00000346628
04/30/05-80084-002 50.00

9.                          MANAGING MEMBERS/MANAGERS

| TITLE | MGRM |
|---|---|
| NAME | RUBIN, LESLIE A |
| STREET ADDRESS | 15500 ROOSEVELT BLVD #303 |
| CITY-ST-ZIP | CLEARWATER, FL 33760 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE
## IN THIS SPACE

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| 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:** _____  LESLIE A RUBIN      4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE       Date       Daytime Phone #