## 2007 LIMITED LIABILITY COMPANY

## May 17, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L03000023343 05-17-2007 90173 019 \*\*\*\*50.00 RUBIN FAMILY INVESTMENTS LLC 40115832 Principal Place of Business Mailing Address 15500 ROOSEVELT BLVD., SUITE 303 15500 ROOSEVELT BLVD., SUITE 303 CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4592 ULMERTON ROAD 4592 ULMERTON RD Suite, Apt. #, etc. Suite, Apt. #, etc. 05102007 Chg-LLC CR2E083 (12/06) STE 100 STE 100 City & State City & State 4. FEI Number Applied For CLEARWATER CLEARWATER 20-0059911 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33762 PINE USA 42A 33762 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIN, LESLIE A Street Address (P.O. Box Number is Not Acceptable) 15500 ROOSEVELT BLVD., SUITE 303 CLEARWATER, FL 33760 SUITE 100 City CLEARWATER 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 cent. SIGNATURE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ■ Addition RUBIN, LESLIE A NAME NAME 4592 ULMERTON ROAD STE 100 STREET ADDRESS 15500 ROOSEVELT BLVD #303 STREET ADDRESS CLEARWATER, FL 33762 CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZLP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

MGR MEMBER

MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

FILED

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