2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90131 028 ****50.00

DOCUMENT # L03000054615

1. Entity Name
RUBICON, L.L.C.

Principal Place of Business	Mailing Address
42 BARKLEY CIR. SUITE 3 FT. MYERS, FL 33907	42 BARKLEY CIR. SUITE 3 FT. MYERS, FL 33907

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01222007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0730830
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, RONALD L
42 BARKLEY CIR.
SUITE 3
FT. MYERS, FL 33907

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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 _____
Signature, typed or printed name of registered agent and, if applicable, title of officer (if registered agent is an entity) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVIS, RONALD L
STREET ADDRESS	42 BARKLEY CIR.
CITY ST ZIP	FT. MYERS, FL 33907
TITLE	MGR
NAME	D'ANDREA, ROBERT L
STREET ADDRESS	42 BARKLEY CIR.
CITY ST ZIP	FT. MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

SIGNATURE: R. D'Andrea 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date