

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025460

Entity Name: RUBRIGHT PROPERTIES, L.L.C.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

3465 OCOEE-APOPKA RD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3465 OCOEE-APOPKA RD.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 20-1027474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMES, LAURENCE C  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

HAMES, LAURENCE C  
126 PARK AVENUE SOUTH  
SUITE A  
WINTER PARK, FL 32789 US

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.

SIGNATURE: LAURENCE C. HAMES

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUBRIGHT MANAGEMENT, L.L.C.  
Address: 3465 OCOEE-APOPKA RD.  
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete  
Name: RUBRIGHT, DAVID  
Address: 3465 OCOEE-APOPKA RD.  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID RUBRIGHT

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date