

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070150

Entity Name: RUBI MANAGEMENT, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2802 S. EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2802 S. EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-1773887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIEN, DANIEL M
2802 S. EVERGREEN CIRCLE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUBIEN, DANIEL M
Address: 2802 S. EVERGREEN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUBIEN, DANIEL M
Address: 2802 S. EVERGREEN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGR () Change (X) Addition
Name: RUBIEN, DAVED E
Address: 200 PERRIWINKLE WAY #225
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: MGR () Change (X) Addition
Name: RUBIEN, PAULA R
Address: 200 PERRIWINKLE WAY #225
City-St-Zip: SANIBEL ISLAND, FL 33957 US

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: DAVED E RUBIEN

MGR

04/27/2009

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