
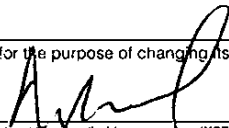
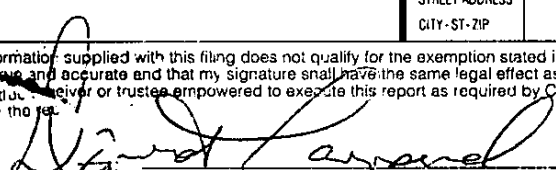


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 OCT 13 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000082351 1. Entity Name RUBY LAKE VILLAS DEVELOPMENT, LLC					
Principal Place of Business 1768 PARK CENTER DRIVE, SUITE 380 ORLANDO, FL 32835		Mailing Address 1768 PARK CENTER DRIVE, SUITE 380 ORLANDO, FL 32835			
2. Principal Place of Business 1768 Park Center Drive Suite, Apt. #, etc. Suite 400		3. Mailing Address 1768 Park Center Drive Suite, Apt. #, etc. Suite 400		10122005 REIN-LLC CR2E101 (6/04)	
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 20-1932194	
Zip 32835		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSH, RANDOLPH J 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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:  10/12/05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/18/05--01084--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition 600060728086 10/18/05--01084--001 **\$155.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 10/12/05
SIGNATURE AND TYPED OR PRINTED NAME			Daytime Phone: 407 294 6400		

REINSTATEMENT 2005

RM

