

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

08-14-2006 90123 027 \*\*\*\*\*50.00  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

20052524



DOCUMENT # L04000082351  
 1. Entity Name  
 RUBY LAKE VILLAS DEVELOPMENT, LLC



Principal Place of Business Mailing Address  
 1768 PARK CENTER DRIVE, SUITE 400 1768 PARK CENTER DRIVE, SUITE 400  
 ORLANDO, FL 32835 ORLANDO, FL 32835

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1932194 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSH, RANDOLPH J  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK, FL 32789

Name WHWW, INC.  
 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue  
 Suite 1500  
 City Orlando FL Zip Code 32801

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 *WHWW, Inc.* *Randolph J. Rush, Vice President* 8/9/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
 Due by September 6, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
 NAME TOWNSEND, DAVID J  
 STREET ADDRESS 1768 PARK CENTER DRIVE, SUITE 400  
 CITY- ST- ZIP ORLANDO, FL 32835

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Delete  
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 CITY- ST- ZIP

TITLE  Change  Addition  
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 CITY- ST- ZIP

**REINSTATEMENT**

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: *David J. Townsend* 8/9/06 407 294-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #