2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# L04000084895

Entity Name: RUBIN IRON WORKS, L.L.C.

Current Principal Place of Business:

608 CARMEN ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P O BOX 3333
JACKSONVILLE, FL 32256

New Mailing Address:

P O BOX 3333
JACKSONVILLE, FL 32206

FEI Number: 20-1939921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, CHARLES
P O BOX 3333
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

BERMAN, CHARLES
608 CARMEN ST
JACKSONVILLE, FL 32206 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: _____ 02/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BERMAN, CHARLES P
Address: 608 CARMEN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM ( ) Delete
Name: BERMAN, ERIC VP
Address: 608 CARMEN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM ( ) Delete
Name: BERMAN, ROCHELLE K SEC
Address: 608 CARMEN ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES:

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

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 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: ROCHELLE BERMAN SEC 02/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date