




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90049 001 ****50.00

DOCUMENT # L04000086944 1. Entity Name RUBICON V, L.L.C.						
Principal Place of Business 25 WALTER MARTIN ROAD NE FORT WALTON BEACH, FL 32548			Mailing Address 25 WALTER MARTIN ROAD NE FORT WALTON BEACH, FL 32548			
2. Principal Place of Business 909 Mar Walt Drive		3. Mailing Address 909 Mar Walt Drive				
Suite, Apt. #, etc. Ste. 1014		Suite, Apt. #, etc. Ste. 1014				
City & State Ft. Walton Beach, Fl		City & State Ft. Walton Beach, Fl		4. FEI Number 20-2170232		
Zip 32547		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 WALTER MARTIN ROAD NE FORT WALTER BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 909 Mar Walt Drive Ste. 1014 City Ft. Walton Beach, FL Zip Code 32547		
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  DATE April 19, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERMANN, RICHARD P <input type="checkbox"/> Delete 25 WALTER MARTIN ROAD NE FORT WALTON BEACH, FL 32548			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Petermann, Richard P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Mar Walt Drive, Ste 1014 Ft. Walton Beach, Florida 32537	
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	
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	
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: 				April 19, 2006 850-863-4064		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		