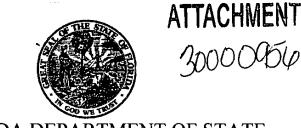
FILED Feb 23, 2006 8:00 am Secretary of State 01-27-2006 90073 028 ****50.00

DOCU 1. Entity Nam RUBIN H	ne e	# LU5000014 S, LLC								
Principal Place of Business			Mailing Address	Mailing Address						
1500 DR. M.L. KING ST., N. ST. PETERSBURG, FL 33704			1500 DR. M.L. KING ST., N. St. Petersburg, Fl. 33704				BH 4 F141 37M 8 ON 6 GM	80M JAIQs Halu Diard	11011 4 B (0) A	11 man 211 na de
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162006	J.13 LLD	CR2E083	(11/05)	
City & State			City & State			4. FÉI Numi	59-34	28325		optied For ot Applicable
Zip	Country		Zip	Country			e of Status Desired	, C è	5.00 Add e Require	
	6. Name	and Address of Current	Registered Agent	igistered Agent		7. Name an	d Address of New	r Registered Age	ent	
RUBIN, SCOTT A			-	Name -			- 	-		
1500 DR. M.L. KING ST., N. ST. PETERSBURG, FL 33704				Street			ber is Not Accepta			
				City				FL	Zip Cod	0
8. The above the obligat	named entitions of regis	ly submits this statement to tered agent.	ed office or register	ed agent, or b	oth, in the State of	Florida. I am fan	niliar with,	and accept		
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agents required when remasting). OATE										
									•	· · ·
Filing Fee is \$50.00 Due by May 1, 2008								ake check pay ida Departmen		• .
.9. '		MANAGING MEMBE	ERS/MANAGERS	10.			ADDITION	S/CHANGES		
-TITLE FRANCE	MGRM RUBIN, S	COTT A	☐ Defete	TITU Mam	1				Change	Addition
STREET ADDRESS	1500 DR.	M.L. KINĞ ST., N.		\$ TRI	LET ADORESS					
TITLE	SI. FEIE	RSBURG, FL 33704	☐ Delete	title title	-S1-ZIP E] Change	Addition
NAME				NAM						_
STREET ADDRESS CITY-ST-ZIP					EET ADORESS - ST- ZIP					
TITLE HAME			☐ Delete	THT L	· .		-) Change	Addition
STREET ADDRESS				MAA. Stre	EET ADIORESS					i
CITY-ST-ZP			<u></u>	CITY	-51-2IP					
TITLE			☐ Delete	FITL		-			Change	Addition
STREET ADDRESS					EI ADDRESS					
CITY-SI-ZIP	<u> </u>				-ST-ZIP					
MANG			☐ Delete	TITL] Change	☐ Addition
STREET ADDRESS CITY-S1-ZIP				SIRE	EF ADDRESS			<u>-</u>		
TITLE			☐ Delete	TITLE	- S1 - ZIP] Change	Addition
NAME CONTRACTOR]			NAM				-		_
STREET AODRESS CITY-51-ZIP					-SI-ZIP					
11. Thereby 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.										
		$X_{H_{-4}}$	Ma				1.1.1.			ارا
SIGNATURE: Hand Type On PRINTED HAME OF SIGNING MANAGER DRAWLING NEMBER MANAGER OR AUTHORIZED REPOSEENTATIVE										



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 1, 2006

RUBIN HOLDINGS, LLC 1500 DR. M.L. KING ST., N. ST. PETERSBURG, FL 33704

Subject: RUBIN HOLDINGS, LLC

Reference Number:

L05000014205

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Completed Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION