

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034298

FILED
May 12, 2006
Secretary of State

Entity Name: RUBY MANAGEMENT RESOURCES, LLC

Current Principal Place of Business:

P.O. BOX 815072
HOLLYWOOD, FL 33081

New Principal Place of Business:

P.O. BOX 934945
MARGATE, FL 33093

Current Mailing Address:

P.O. BOX 815072
HOLLYWOOD, FL 33081

New Mailing Address:

P.O. BOX 934945
MARGATE, FL 33093

FEI Number: 20-2638061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOM, JILLIAN
5710 LAKESIDE DR. #706
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAWRENCE, KENISHA
Address: P.O. BOX 815072
City-St-Zip: HOLLYWOOD, FL 33081

Title: MGR (X) Delete
Name: THOM, JILLIAN
Address: P.O. BOX 815072
City-St-Zip: HOLLYWOOD, FL 33081

ADDITIONS/CHANGES:

Title: GM (X) Change () Addition
Name: THOM, JILLIAN
Address: P.O. BOX 934945
City-St-Zip: MARGATE, FL 33093

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: JILLIAN THOM, GENERAL MANAGER

GM

05/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date