

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086080

Entity Name: RUKAT, LLC

FILED  
Jan 07, 2007  
Secretary of State

**Current Principal Place of Business:**

531 LAKE ROAD  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

531 LAKE ROAD  
PONTE VEDRA, FL 32082

**New Mailing Address:**

FEI Number: 20-3589867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBEN, STEVEN A PRESIDE  
105 AZALEA POINT DRIVE NORTH  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

RUBEN, STEVEN A PRES  
105 AZALEA POINT DRIVE NORTH  
PONTE VEDRA BEACH, FL 32082 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: STEVEN A. RUBEN

01/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: KATZ, GLENN  
Address: 531 LAKE ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: KATZ, GLENN L  
Address: 531 LAKE ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRES ( ) Change (X) Addition  
Name: RUBEN, STEVEN A  
Address: 105 AZALEA POINT DRIVE NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: GLENN L. KATZ

VP

01/07/2007

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