


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000098812 1. Entity Name RUBY LAKE VILLAS MANAGEMENT, LLC						
Principal Place of Business 1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835			Mailing Address 1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RUSH, RANDOLPH J 250 PARK AVENUE SOUTH 5TH FL WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name WHWW, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue Suite 1500 City Orlando FL Zip Code 32801		
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 <i>Whww, Inc.</i> <small>Signature, typed or printed name of registered agent and LLLC if applicable</small>		<i>Randolph J. Rush, Vice President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>8/9/06</i> <small>DATE</small>		
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGem Townsend, David J 1768 Park Center Dr, Ste 400 Orlando, FL 32835</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				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 60B, Florida Statutes.						
SIGNATURE: <i>David J. Townsend</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>David J. Townsend</i>		<i>8/9/06 407 294-6400</i> <small>Date Daytime Phone #</small>		

REINSTATEMENT

[Handwritten Signature]