2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #L05000098812

RUBY LAKE VILLAS MANAGEMENT, LLC



Mailing Address

1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835

Principal Place of Business

1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAY - 1 AM 10: 11



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
	 \$5.00 Additional

Certificate of Status Desired

Fee Required

В.	name	ana	Aggress	OT	Current	. Ke	gist€	erea	Agent
				_				_	

WHWW, INC. 390 N. ORANGE AVENUE STE 1500

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), FL 32801	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	800128282678 05/02/0801003005 **6175.00
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNSEND, DAVID J 1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 regerver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR