FILED
Aug 11, 2008 8:00 am
Secretary of State

07-15-2008 90005 034 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000001956

1. Entity Name
RUBY PROPERITES, LLC

Principal Place of Business	Mailing Address
127 MONTE CARLO DRIVE PALM BEACH GARDENS, FL 33418 US	127 MONTE CARLO DRIVE PALM BEACH GARDENS, FL 33418 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Ruby LLC c/o Norman R Ressin 1101 Regal Oak Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Rockville Md 20852
Zip / Country	Zip / Country USA

07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8175769 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFFE, STEPHEN
127 MONTE CARLO DRIVE
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM RESSIN, NORMAN R 1101 REGAL OAK DRIVE ROCKVILLE, MD 20852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 11 Jul 08 301-233-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #