

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000012402		
1. Entity Name JON RUBIN & ASSOCIATES, LLC		

Principal Place of Business 11829 SOPHIA LANE ORLANDO, FL 32821	Mailing Address 11829 SOPHIA LANE ORLANDO, FL 32821
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUBIN, JONATHAN A 11829 SOPHIA LANE ORLANDO, FL 32821		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.

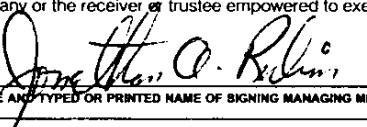
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, JONATHAN A 11829 SOPHIA LANE ORLANDO, FL 32821	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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		<input type="checkbox"/> Delete	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 608, Florida Statutes.

SIGNATURE: 	JONATHAN A. RUBIN	1/8/08	107-238-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

ATTACHMENT

100000640

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** L07000012402

**Business Entity Name** JON RUBIN & ASSOCIATES, LLC

**Original File Date** 02/01/2007

**FEI Number**

**Principal Address** 11829 SOPHIA LANE  
ORLANDO, FL 32821

**Mailing Address** 11829 SOPHIA LANE  
ORLANDO, FL 32821

**Registered Agent** JONATHAN A RUBIN  
11829 SOPHIA LANE  
ORLANDO, FL 32821

### Managing Member/Manager Name And Address

MGRM  
JONATHAN A RUBIN  
11829 SOPHIA LANE  
ORLANDO, FL 32821

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