

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001122

FILED
Apr 21, 2004
Secretary of State

Entity Name: RUGBY INVESTORS II, L.L.C.

Current Principal Place of Business:

100 RIALTO PLACE, SUITE 615
MAITLAND, FL 32901

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE, SUITE 615
MAITLAND, FL 32901

New Mailing Address:

FEI Number: 52-2149717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPOURN, MICHAEL P
100 RIALTO PLACE, SUITE 615
MAITLAND, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PERFORMANCE PARTNERS, , L.P.
Address: 100 RIALTO PLACE, SUITE 615
City-St-Zip: MAITLAND, FL 32901

Title: MGRM () Delete
Name: SAPOURN, MICHAEL P
Address: 100 RIALTO PLACE, SUITE 615
City-St-Zip: MAITLAND, FL 32901

Title: MGRM () Delete
Name: JONES, CHRISTOPHER S
Address: 100 RIALTO PLACE, SUITE 615
City-St-Zip: MAITLAND, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL P. SAPOURN

MGRM

04/21/2004

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