

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000001122

1. Entity Name

Rugby Investors II, L.L.C.



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

100 Rialto Drive

3. Mailing Address

100 Rialto Drive

Suite, Apt. #, etc.

#615

Suite, Apt. #, etc.

#615

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

52-2149717

Applied For

Not Applicable

Zip  
32901

Country  
Brevard

Zip  
32901

Country  
Brevard

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sapourn, Michael P.

Street Address (P.O. Box Number is Not Acceptable)

100 Rialto Drive, #615

City Melbourne

FL

Zip Code  
32901

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Performance Partners, L.P.  
STREET ADDRESS 100 Rialto Drive, #615  
CITY-ST-ZIP Melbourne, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300017816623  
05/01/03--01041--018 \*\*50.00

TITLE MGRM  
NAME Sapourn, Michael P.  
STREET ADDRESS 100 Rialto Drive, #615  
CITY-ST-ZIP Melbourne, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME Jones, Christopher S.  
STREET ADDRESS 100 Rialto Drive, #615  
CITY-ST-ZIP Melbourne, FL 32901

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael P. Sapourn, Mng Mbr

4/23/03

Date

(321) 953-5343

Daytime Phone #

CR2E083B (12/02)