2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# M02000001123

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

Current Principal Place of Business:

100 RIALTO PLACE, SUITE 615
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE, SUITE 615
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 52-2149718 **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
MELBOURNE, 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:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	SAPOURN, MICHAEL P	
Address:	100 RIALTO PLACE, SUITE 615	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	JONES, CHRISTOPHER S	
Address:	100 RIALTO PLACE, SUITE 615	
City-St-Zip:	MELBOURNE, 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