

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 AUG -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000002989					
1. Entity Name RUBY SENIOR GENERAL PARTNER I LLC					
Principal Place of Business 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254			Mailing Address 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254		
2. Principal Place of Business			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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 file if applicable. (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENNETT, MONTGOMERY 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOKS, DAVID A 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STIDD, ANDREW L 445 BROAD HOLLOW ROAD, SUITE 239 MELVILLE, NY 11747	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANGELO, BERNARD J 445 BROAD HOLLOW ROAD, SUITE 239 MELVILLE, NY 11747	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200078236182	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

FD5 000002989
FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08-01-06

NAME: RUBY SENIOR GENERAL PARTNERS I LLC

TYPE OF FILING: ANNUAL REPORT

COST: \$50 + \$30 + \$5= \$85

RETURN: CERTIFIED COPY & GOOD STANDING

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING.