## **FILED** 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L01000014717 1. Entity Name RUSHEN LLC Mailing Address Principal Place of Business\_\_\_ 700 ELEVENTH ST. SOUTH, PH2 700 ELEVENTH ST. SOUTH, PH2 NAPLES, FL 34102-6777 NAPLES, FL 34102-6777 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0527227 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WELLINGTON SHIELD SERVICES LTD. INC. DO NOT WRITE 700 ELEVENTH ST. SOUTH, PH2 NAPLES, FL 34102 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when rojnstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000346880 04/30/05-80093-010 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR TYRELL, THOMAS K.H. NAME STREET ADDRESS 700 ELEVENTH ST. SOUTH, PH2 CITY-ST-ZIP NAPLES, FL 341026777 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information inclicated 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 explain this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS CITY-ST-ZIP