

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018474 1. Entity Name RUSHING PROPERTIES, LLC		
Principal Place of Business 648 PERDUE DEFUNIAK SPRINGS, FL 32433		Mailing Address P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435
2. Principal Place of Business 220 N. 9th St.	3. Mailing Address Suite, Apt. #, etc.	
City & State Defuniak Springs, FL	City & State	4. FEI Number NOT APPLICABLE
Zip 32433	Country Walton	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LYDOLPH, PAUL III 4942 HIGHWAY 98 WEST SUITE 5 SANTA ROSA BEACH, FL 32459		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSHING, KIRBY W P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSHING, B. SUE P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 <i>B. Sue Rushing</i> B SUE RUSHING <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/6/05 Daytime Phone # 850 892-3334

