


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L01000018474</b> 1. Entity Name <b>RUSHING PROPERTIES, LLC</b>			
Principal Place of Business <b>648 PERDUE</b> <b>DEFUNIAK SPRINGS, FL 32433</b>		Mailing Address <b>P.O. BOX 1358</b> <b>DEFUNIAK SPRINGS, FL 32435</b>	
2. Principal Place of Business <b>220 N. 9th St.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Defuniak Springs, FL</b> Zip <b>32433</b>		City & State Country <b>Walton</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LYDOLPH, PAUL III</b> <b>4942 HIGHWAY 98 WEST</b> <b>SUITE 5</b> <b>SANTA ROSA BEACH, FL 32459</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RUSHING, KIRBY W</b> <b>P.O. BOX 1358</b> <b>DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RUSHING, B. SUE</b> <b>P.O. BOX 1358</b> <b>DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000177454 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/11/05-80043-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>B SUE Rushing</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>1/6/05</b> Daytime Phone # <b>850 892-3334</b>	