



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90153 015 \*\*\*\*50.00

<b>DOCUMENT # L01000018474</b> 1. Entity Name <b>RUSHING PROPERTIES, LLC</b>					
Principal Place of Business <b>648 PERDUE DEFUNIAK SPRINGS, FL 32433</b>			Mailing Address <b>P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435</b>		
2. Principal Place of Business <b>220 N. 9th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>no change</b> Suite, Apt. #, etc.			
City & State <b>DeFuniak Springs, FL</b>		City & State <b>no change</b>			
Zip <b>32433</b>	Country <b>Walton</b>	Zip <b>32433</b>	Country <b>Walton</b>		
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01042008 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>LYDOLPH, PAUL III 4942 HIGHWAY 98 WEST SUITE 5 SANTA ROSA BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name <b>Rushing, B. Sue</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 N. 9th S.</b> City <b>DeFuniak Springs</b> <b>FL</b> Zip Code <b>32433</b>		
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 <b>B. Sue Rushing, Mgr.</b> <i>B. Sue Rushing</i> <b>1/26/06</b> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
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	<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 RUSHING, B. SUE P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435	<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	<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	<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	<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	<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 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.					
<b>SIGNATURE: B. Sue Rushing, Mgr.</b> <i>B. Sue Rushing</i> <b>1/26/06</b> <b>(850) 892-3334</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					