


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022192</b> 1. Entity Name <b>RUSHING WIND LLC</b>	
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Principal Place of Business <b>2791 PALM DR NE PALM BAY, FL 32905</b>	Mailing Address <b>409 PELICAN KEY MELBOURNE BEACH, FL 32951</b>
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02032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0566685</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>AUSTIN, STEVE 409 PELICAN KEY MELBOURNE BEACH, FL 32951</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, STEVE 1010 PINE TREE DR., #201 INDIAN HBR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHMAN, LAURIE 2701 PALM DR. NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHMAN, WILLIAM 2791 PALM DR NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #