


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000033061</b> 1. Entity Name RUST FAMILY ENTERPRISES, LLC	
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Principal Place of Business C/O REGISTER & COMPANY, P.A. 2600 DOUGLAS RD., STE. 604 CORAL GABLES, FL 33134	Mailing Address C/O REGISTER & COMPANY, P.A. 2600 DOUGLAS RD., STE. 604 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0411292	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

DIXON, SHARON Q  
C/O STEARNS WEAVER, MILLER, ET AL  
150 W. FLAGLER ST., STE. 2200  
MIAMI, FL 33130

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

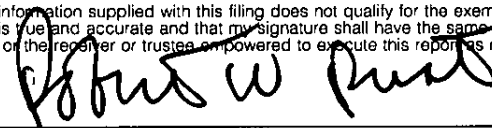
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUST, ROBERT W 2600 S. DOUGLAS RD., # 604 CORAL GABLES, FL 33134
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03/21/07-80035-023 50:00

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.

**SIGNATURE:**  **9 MAR 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone