2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033061

1. Entity Name

RUST FAMILY ENTERPRISES, LLC



FILED Feb 19, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

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



02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
83-0411292	Not Applicable	
5. Certificate of Status Desired	\$5.00 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

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2-8-2006

Daytime Phone #

MIAMI, FL	33130	IN THIO OF ACE
		The state of the s
	named entity submits this statement for the purpose of changi ions of registered agent.	ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	U00000833362 02/28/08-80009-016 138.75
9.	MANAGING MEMBERS/MANAGERS	and the first of a point with more and the second of the s
NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUST, ROBERT W 2600 S. DOUGLAS RD., # 604 CORAL GABLES, FL 33134	The state of the s
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indicated	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shall bility company or the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver or trustee empowered the receiver or trustee empowered the receiver the receiver or trustee empowered the receiver t	ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information all have the same fegal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes.

E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE