## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033061

Entity Name: RUST FAMILY ENTERPRISES, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O REGISTER & COMPANY, P.A.
2600 DOUGLAS RD., STE. 604
CORAL GABLES, FL 33134

C/O REGISTER & COMPANY, P.A.
2600 S. DOUGLAS RD., STE. 604
CORAL GABLES, FL 331346100

Current Mailing Address: New Mailing Address:

C/O REGISTER & COMPANY, P.A.

2600 DOUGLAS RD., STE. 604

CORAL GABLES, FL 33134

C/O REGISTER & COMPANY, P.A.

2600 S. DOUGLAS RD., STE. 604

CORAL GABLES, FL 331346100

FEI Number: 83-0411292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete RUST, ROBERT W RUST, ROBERT W Name: Name: Address: 2600 S. DOUGLAS RD., # 604 Address: 2600 S. DOUGLAS RD., # 604 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 331346100

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT W. RUST MGRM 03/20/2009