2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L03000041846

Entity Name: RUST FAMILY COTTAGE HOLDINGS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-1310702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: RUST FAMILY PARTNERS, HIP I, LTD.
Address: 2600 S. DOUGLAS RD #604
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RUST FAMILY PARTNERS, HIP I, LTD.
Address: 2600 S. DOUGLAS RD #604
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 FOR RUST FAMILY PARTNERSHIP MGRM 03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date