

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004129

FILED
Jan 11, 2008
Secretary of State

Entity Name: CUSHING INVESTMENTS, LLC

Current Principal Place of Business:

176 SEMINOLE AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

242 TANGIER AVE
PALM BEACH, FL 33480

Current Mailing Address:

176 SEMINOLE AVENUE
PALM BEACH, FL 33480

New Mailing Address:

242 TANGIER AVE
PALM BEACH, FL 33480

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRUE, KAREN
176 SEMINOLE AVENUE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

TRUE, KAREN
242 TANGIER AVE
PALM BEACH, FL 33480 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: KAREN TRUE

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUE, RICHARD
Address: 176 SEMINOLE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: TRUE, KAREN
Address: 176 SEMINOLE AVENUE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRUE, RICHARD
Address: 242 TANGIER AVE
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM (X) Change () Addition
Name: TRUE, KAREN
Address: 242 TANGIER AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: KAREN TRUE

MM

01/11/2008

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