2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State
05-01-2006 90034 006 ****50.00

DOCUMENT # L05000006916

1. Entity Name
RUSHING ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204 US	1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204 US

03152006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3824 Bettes Cr	3824 Bettes Cr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jcx FL	City & State: Jcx FL
Zip: 32210 Country:	Zip: 32210 Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSHING, ROBERT K 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204	Name: Robert K Rushing Street Address (P.O. Box Number is Not Acceptable): 3824 Bettes Cr City: Jck FL Zip Code: 32210

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSHING, ROBERT K 1515 RIVERSIDE AVE SUITE A JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3824 Bettes Cr Jcx FL 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ROBERT K RUSHING 904 476-4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

6/1/06