

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90051 002 ****50.00

DOCUMENT # L05000055217	
1. Entity Name RUSH PAINTBALL OF JUPITER, LLC	

Principal Place of Business 17047 BEELINE HIGHWAY JUPITER, FL 33478 US	Mailing Address 18444 SW 88 COURT MIAMI, FL 33157 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2519149	Applies For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUEST, SHARON H 18444 SW 88 COURT MIAMI, FL 33157		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 of the person or persons who are the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GUEST, DONALD J JR			NAME			
STREET ADDRESS	18444 SW 88 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GUEST, SHARON H			NAME			
STREET ADDRESS	18444 SW 88 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 638, Florida Statutes.

SIGNATURE Sharon Guest SHARON GUEST, mgrm 1-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE