

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115982

FILED
Jul 07, 2008
Secretary of State

Entity Name: RUSH FORTY ENTERPRISES, LLC

Current Principal Place of Business:

345 NORTH FORT LAUDERDALE BEACH BOULEVARD
#804
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

345 NORTH FORT LAUDERDALE BEACH BOULEVARD
#804
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 26-1430622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAUTTER, C. CHRISTIAN
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311 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:

Title: MGRM () Delete
Name: BATES, ROBERT
Address: 345 NORTH FORT LAUDERDALE BEACH BLVD. #804
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: MGRM () Delete
Name: SCHELLENGER, NORMAN
Address: 385 N.W. SHEFFIELD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 BATES

MNGR

07/07/2008

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