# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 13, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L99000002886

1. Entity Name
RUSTY INVESTMENTS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1776 E. SUNRISE BLVD.<br>FORT LAUDERDALE, FL 33338-7990 | 1776 E. SUNRISE BLVD.<br>FORT LAUDERDALE, FL 33338-7990 |

**DO NOT WRITE IN THIS SPACE**

01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0942311
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTOSH, DOUGLAS M
1776 E. SUNRISE BLVD.
P.O. BOX 7990
FORT LAUDERDALE, FL 33338-7990

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | MCINTOSH, DOUGLAS M |
| STREET ADDRESS | 1776 E. SUNRISE BLVD. |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 333387990 |
| TITLE | MGR |
| NAME | SAWRAN, JAMES C |
| STREET ADDRESS | 1776 E. SUNRISE BLVD. |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 333387990 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** James C Sawran 2/10/04 954-765-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #