

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000002886

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



Principal Place of Business  
1776 E. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33338-7990

Mailing Address  
1776 E. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33338-7990



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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, 2005**

1100000272005  
03/21/05-80067-018 50.00

**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  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/16/05

Date

954-765-1001

Daytime Phone #