2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90155 042 ***138.75

DOCUMENT # M07000000336

1. Entity Name
RUSTY ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
SHIRLENE ELKINS ~~1666 KENNEDY CAUSEWAY, SUITE 305~~ ~~NORTH BAY VILLAGE, FL 33141~~	1400 NE MIAMI GARDENS DRIVE SUITE 200 MIAMI, FL 33179

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 NE Miami Gardens Dr.	
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33179 Country: USA	Zip Country

DOC# 546U9

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8056680 ☐ 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
SYKES, G. HARLEY ~~1666 KENNEDY CAUSEWAY, SUITE 305~~ ~~NORTH BAY VILLAGE, FL 33141~~ 1400 NE Miami Gardens Dr. Suite 200 Miami FL 33179	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	CP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELKINS, SHIRLENE		NAME		
STREET ADDRESS	~~1666 KENNEDY CAUSEWAY, SUITE 305~~		STREET ADDRESS	1400 NE Miami Gardens Dr. Suite 200	
CITY-ST-ZIP	~~NORTH BAY VILLAGE, FL 33141~~		CITY-ST-ZIP	Miami FL 33179	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SYKES, G. HARLEY		NAME		
STREET ADDRESS	~~1666 KENNEDY CAUSEWAY, SUITE 305~~		STREET ADDRESS	1400 NE Miami Gardens Dr. Suite 200	
CITY-ST-ZIP	~~NORTH BAY VILLAGE, FL 33141~~		CITY-ST-ZIP	Miami FL 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [signature] G. Harley Sykes 4/14/08 305 948-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #