


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L00000009939 1. Entity Name RUSSELLVISION LLC |  |
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| Principal Place of Business 1202 N.E. PINE ISLAND ROAD UNIT R CAPE CORAL, FL 33909 | Mailing Address 4701 WINSETTA AVE. NORTH FORT MYERS, FL 33903 |
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04072007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 65-1037136 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent STEPHANY, SHAUN 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903 |
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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, if applicable, (NOTE: Registered Agent signature required when restoring) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEPHANY, SHAUN 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEPHANY, MICHELLE 4701 VINSETTA AVENUE NORTH FORT MYERS, FL 33903 |
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04/26/07-80018-013 50.00

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: Shaun Stephany **SHAUN STEPHANY 239-573-1373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE 4-11-07 Date Daytime Phone