2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000007904

1. Entity Name
RUSSO AND KAVULICH, P.L.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD PH-1D CORAL GABLES, FL 33134	2655 LE JEUNE RD PH-1D CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03022006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1105823
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, REX E
2655 LE JEUNE RD
PH-1D
CORAL GABLES, FL 33134

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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, 2006

U00000456448
03/16/06-80029-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KAVULICH, JEROME J
STREET ADDRESS	2655 LE JEUNE RD PH-1D
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	RUSSO, REX E
STREET ADDRESS	2655 LE JEUNE RD PH-1D
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____ JEROME J KAVULICH MGR 3/2/06 305 442-7397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #