2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020041

1. Entity Name
RUSSAKIS FARMS, LLC

Principal Place of Business	Mailing Address
8801 INDRIO RD.	8801 INDRIO RD.
FORT PIERCE, FL 34951	FORT PIERCE, FL 34951

DO NOT WRITE IN THIS SPACE

02092005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSAKIS, JIM G
8801 INDRIE ROAD
FORT PIERCE, FL 34951

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	RUSSAKIS, JIM G
STREET ADDRESS	8801 INDRIO RD.
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	MEM
NAME	RUSSAKIS, NICHOLAS J
STREET ADDRESS	8801 INDRIO RD.
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80089-011 50.00

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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: _____ J.m G Russakis 4/12/05 772 465-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #