## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 08, 2006 8:00 am Secretary of State DOCUMENT # L01000020041 05-08-2006 90042 032 \*\*\*\*50.00 RUSSAKIS FARMS, LLC Principal Place of Business Mailing Address 40088874 8801 INDRIO RD. 8801 INDRIO RD. FORT PIERCE, FL 34951 FORT PIERCE, FL 34951 04252006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSAKIS, JIM G DO NOT WRITE 8801 INDRIE ROAD FORT PIERCE, FL 34951 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) DAJE Filing Fee Is \$50.00 Due by May 1, 2006 \$ MANAGING MEMBERS/MANAGERS 9, **MGRM** TITLE RUSSAKIS, JIM G NAME 8801 INDRIO RD. STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34951 TITLE RUSSAKIS, NICHOLAS J STREET ADDRESS 8801 INDRIO RD. CITY-ST-ZIP FORT PIERCE, FL 34951 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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:

FILED

Daytime Phone #