2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

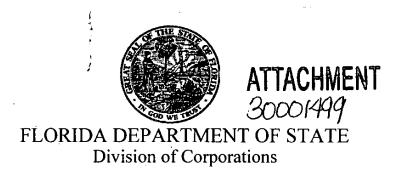
SIGNATURE:

## Secretary of State DOCUMENT # L02000000032 02-06-2006 90178 002 \*\*\*\*50.00 1. Entity Name RUSS L.L.C. Principal Place of Business Mailing Address 14742 OSPREY POINT DRIVE FORT MYERS FL 33908 14742 OSPREY POINT DRIVE FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 03-0421909 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, GORDON 1601 JACKSON ST. STE 101 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 City 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 Signature, hypeu or printed herne of registered agent and talle it applicable. (NOTE flug-sterad Agent signature required when reststating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State The Mark Town Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. A ADDITIONS / CHANGES Change Addition TITLE ... MGRM Detete TITLE. 1 NAME NAME . RUSS, DAVID A STREET ADDRESS STREET ADDRESS 14742 OSPREY POINT DR. C11Y-\$1-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Change TILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete nΩ£ MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - 7/P Addition Detete TIRE Change NAME 15 -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos: 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 of the receiver or trusted expowered to execute this report as required by Chapter 608. Florida Statutes. Minispry Menser:

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Mar 01, 2006 8:00 am



February 9, 2006

RUSS L.L.C. 14742 OSPREY POINT DRIVE FORT MYERS, FL 33908

Subject: RUSS L.L.C.

Reference Number:

L02000000032

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc ANNUAL REPORTS SECTION