

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/11/2003-90213-028 \$50.00-\$50.00 *
9/11/2003-90042-046 \$50.00-\$50.00

0011206

DOCUMENT # L02000009621



1. Entity Name
RUSSELL PROPERTIES, L.L.C.

03 OCT -6 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
C/O ROGER BARRY DAVIS
1955 TYLER ST.
HOLLYWOOD FL 33020

Mailing Address
C/O ROGER BARRY DAVIS
1955 TYLER ST.
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

611413162

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROGER BARRY
1955 TYLER ST.
HOLLYWOOD FL 33020

Name
~~STEVEN A. RUSSELL~~
Street Address (P.O. Box Number is Not Acceptable)
5350 SW 130 TERRACE
City
MIRAMAR FL Zip Code
33027

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] OWNER/CEO
(NOTE: Registered Agent signature required when reinstating)

9-9-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE CEO
NAME STEVEN A. RUSSELL
STREET ADDRESS 5350 SW 130 TERRACE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

9903

Date

Daytime Phone #

CR2E083 (4/03)