

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009879

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



Principal Place of Business
**240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236**

Mailing Address
**P.O. BOX 49948
SARASOTA, FL 34230-6948**

DO NOT WRITE IN THIS SPACE

07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0432993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL, JEFFREY S
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236**

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUSSELL, JEFFREY S
240 S. PINEAPPLE AVE, 10TH FL
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUSSELL, JACQUELINE D
240 S. PINEAPPLE AVE, 10TH FL
SARASOTA, FL 34236**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000568403
07/07/06-80007-016 50.00

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IN THIS SPACE**

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:

Jeffrey S. Russell, Manager

7/5/06

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

Date

Daytime Phone #