2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90212 024 ****50.00

DOCUMENT # L02000034936

1. Entity Name
RUSSELL SHABLA, LLC

Principal Place of Business	Mailing Address
~~700 OVERLOOK DR.~~ ~~WINTER HAVEN, FL 33884~~ 295 1st Street South Winter Haven, FL 33880	~~700 OVERLOOK DR.~~ ~~WINTER HAVEN, FL 33884~~ 295 1st Street South Winter Haven, FL 33880

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01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2002199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHABLA, MARK
~~710 OVERLOOK DRIVE~~ 295 1st Street South
WINTER HAVEN, FL ~~33884~~ 33880

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SHABLA, MARK
STREET ADDRESS	~~710 OVERLOOK DRIVE~~ 295 1st Street South
CITY-ST-ZIP	WINTER HAVEN, FL ~~33884~~ 33880
TITLE	MGR
NAME	RUSSELL, JON
STREET ADDRESS	~~710 OVERLOOK DRIVE~~ 295 1st Street South
CITY-ST-ZIP	WINTER HAVEN, FL ~~33884~~ 33880
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mark W Shabla 1-20-04 863 324-3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #