

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034936		
1. Entity Name RUSSELL SHABLA, LLC		
Principal Place of Business 295 1ST STREET S. WINTER HAVEN, FL 33880		Mailing Address 295 1ST STREET S. WINTER HAVEN, FL 33880
DO NOT WRITE IN THIS SPACE		
		
01132005No Chg-LLC CR2E083 (10/03)		
4. FEI Number 43-2002199		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SHABLA, MARK 295 1ST STREET S. WINTER HAVEN, FL 33880		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		01/28/05-80120-021 50.00
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHABLA, MARK 295 1ST STREET S. WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, JON 295 1ST STREET S. WINTER HAVEN, FL 33880	
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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: <u>Mark W. Shabla</u>		Date: <u>1.13.4</u> Daytime Phone #: <u>863-3243698</u>