## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State	
DOCUMENT # L02000034936 1. Entity Name					·
RUSSELL	_ SHABLA, LLC	ur kon un satta sa		-	
Principal Place	e of Business	Mailing Address			
295 1ST STR Winter Havi	REET S. En, Fl. 33880	295 1ST STREET S. Winter Haven, Fl. 33880			NA 1111 BURN BURN BURN BURN BURN BURN BURN BURN
DO NOT WRITE IN THIS SPACE			CE		
				01132005 No Chg-LLC	CR2E083 (10/03)  Applied For
_			_	43-2002199	Not Applicable
	The second secon	anning provinces assessment and a transfer of the same program the Victorial and the same of the same	المناف المعاديد المنافعة المنا	5. Certificate of Status Desired	\$5.00 Additional Fee Required
<del></del>	6. Name and Address of Current R	egistered Agent			- · <del> ·</del> -
SHABLA, MARK 295 1ST STREET S.				DO NOT WA	IITE
	WINTER HAVEN, FL 33880			IN THIS SPA	CE
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE_	construction against	g v v vita es	Andrews of the	941 T - 100 - 144 - 15 - 1	
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Registate	ed Agent signature required		DATE
Filing Fee is \$50.00 Due by May 1, 2005			3 da ( ,	Unanna 01/29/05-E	20269 <del>8</del> 20120-021 50.00
9.	MANAGING MEMBER	S/MANAGERS	1		
TITLE NAME	MGR SHABLA, MARK		<b>S</b>		
STREET ADDRESS	295 1ST STREET S.		•		
TITLE	WINTER HAVEN, FL 33880	<u></u>	-{··-	-	
NAME	RUSSELL, JON				
STREET ADDRESS CITY-ST-ZIP	295 1ST STREET S. WINTER HAVEN, FL 33880		}		
TITLE	WINTER HAVEN, FL 33000	<u> </u>	1		
NAME			]		
STREET ADDRESS CITY-ST-ZIP			1	DO NOT WF	RITE
TITLE			1	IN THIS SPA	CF
NAME STREET ADDRESS			1		
CITY-SI-ZIP					
ITTLE			1		
NAME STREET ADDRESS			1		
CITY-ST-ZIP			.]		
TITLE					
NAME STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE: North W	roble	1.13	1 863.324369.
	MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Dale	Daytime Phone #