

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90115 012 \*\*\*\*50.00

**DOCUMENT # L03000008685**



1. Entity Name  
**GREAT RUSSELL, LLC**

Principal Place of Business <b>840 EAST OAKLAND PARK BLVD., STE. 100 FT. LAUDERDALE, FL 33324</b>	Mailing Address <b>840 EAST OAKLAND PARK BLVD., STE. 100 FT. LAUDERDALE, FL 33324</b>
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2. Principal Place of Business		3. Mailing Address		07272004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>26-0061545</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  COHN, ALAN B 2021 TYLER STREET HOLLYWOOD, FL 33020	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NY FUTURE LTD		NAME		
STREET ADDRESS	840 E. Oakland Park Blvd		STREET ADDRESS		
CITY-ST-ZIP	Suite 110 FT. Lauderdale FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **AMOS CHESSE** 7/24/04 954 565 5501