## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000008685**

1. Entity Name GREAT RUSSELL, LLC



Principal Place of Business

840 EAST OAKLAND PARK BLVD., STE. 100 FT. LAUDERDALE, FL 33324

Mailing Address

840 EAST OAKLAND PARK BLVD., STE. 100 FT. LAUDERDALE, FL 33324

## FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90011 041 \*\*\*\*50.00

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04112005No Chg-LLC CR2E083 (10/03)

| 4. FEI Number                     |         |    | Applied For    |
|-----------------------------------|---------|----|----------------|
| 26-0061545                        |         |    | Not Applicable |
| 5 - Cartificate of Status Desired | □ \$5.0 | 00 | Additional 🔩 🗻 |

954 565 5501

6. Name and Address of Current Registered Agent

COHN, ALAN B 2021 TYLER STREET HOLLYWOOD, FL 33020

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4/12/05

|   | #  |                |   |  |  |  |
|---|--|----------------|---|--|--|--|
| 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: | Decisioned Age | gent signature required when reinstating) DATE                          |  |  |  |
|   | Signature, typed or princed rating or regulation degrate and rate it appropriate.    | Hogistorou Ago | gent signature required when reinstating) DATE                          |  |  |  |
| Filing Fee is \$50.00 Due by May 1, 2005  |  |                |   |  |  |  |
| 9280  | MANAGING MEMBERS/MANAGERS  |                |   |  |  |  |
| TITLE   | MGRM /   |                |   |  |  |  |
| NAME  | NU FUTURË LTD  |                |   |  |  |  |
| STREET ADDRESS  | 840 E OAKLAND PARK BLVD  |                |   |  |  |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33321  |                |   |  |  |  |
| TITLE   | _  |                | والمراب والأنفي والمربه والمممل والراجي الرابي والرابي والرابي والمرابي |  |  |  |
| NAME  | e e e e e e e e e e e e e e e e e e e  | _ '            | •   |  |  |  |
| STREET ADDRESS  |  |                |   |  |  |  |
| CITY-ST-ZIP   |  |                |   |  |  |  |
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| NAME  |  |                |   |  |  |  |
| STREET ADDRESS  |  |                | DO NOT WRITE  |  |  |  |
| CITY-ST-ZIP   |  |                | DO NOT WHITE  |  |  |  |
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| CITY-ST-ZIP   |  |                |   |  |  |  |
| TITLE   |  |                |   |  |  |  |
| NAME  |  |                |   |  |  |  |
| STREET ADDRESS  |  | 1              |   |  |  |  |
| CITY-ST-ZIP   |  | 1              |   |  |  |  |

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.

ELI ZAMIR

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