


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000008685 1. Entity Name GREAT RUSSELL, LLC	
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Principal Place of Business 840 EAST OAKLAND PARK BLVD., SUITE 110 FT. LAUDERDALE, FL 33324	Mailing Address 840 EAST OAKLAND PARK BLVD., SUITE 110 FT. LAUDERDALE, FL 33324
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01092008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0061545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B  
 100 W. CYPRESS CREEK ROAD  
 SUITE 700  
 FT. LAUDERDALE, FL 33309

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

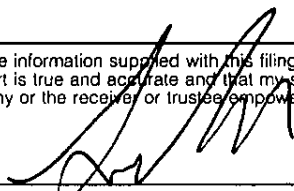
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NU FUTURE LTD 840 E OAKLAND PARK BLVD, SUITE 110 FORT LAUDERDALE, FL 33334
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**DO NOT WRITE IN THIS SPACE**

000000786531  
 01/17/08-80047-010-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  *Alan B. Cohn*  
 For NuFuture LTD  
 Amos Chess for Great Russell LLC 1/10/08 954 565 5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #