

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027553

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** RUSSELL ROTHAN LLC

**Current Principal Place of Business:**

P.O. BOX 22390  
LAKE BUENA VISTA, FL 32830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22390  
LAKE BUENA VISTA, FL 32830 US

**New Mailing Address:**

**FEI Number:** 30-1602000      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CASLOW, SHARON  
4060 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ROTHAN, RUSSELL  
Address: P.O. BOX 22390  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RUSSELL ROTHAN

MGRM

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date