2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050430

1. Entity Name
RUSSELL W. LUCIA, LLC

Principal Place of Business	Mailing Address
630 EAST CYPRESS STREET	630 EAST CYPRESS STREET
TARPON SPRINGS, FL 34689	TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0453632		Not Applicable

5. Certificate of Status Desired   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCIA, RUSSELL W
630 EAST CYPRESS STREET
TARPON SPRINGS, FL 34689

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_____

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LUCIA, RUSSELL W
STREET ADDRESS	630 EAST CYPRESS STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80018-020 55.00

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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: _____   2/21/07   (727) 939-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #