

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90034 003 \*\*\*\*55.00

<b>DOCUMENT # L05000076398</b> 1. Entity Name <b>DOUGLAS RUSSELL "LLC."</b>					
Principal Place of Business <b>31016 FAIRVIEW AV.</b> <b>TAVARES, FL 32778 US</b>			Mailing Address <b>3312 S. CITRUS CIR.</b> <b>ZELLWOOD, FL 32798 US</b>		
2. Principal Place of Business <b>3312 S. CITRUS CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>3312 S. CITRUS CIR</b> Suite, Apt. #, etc.			
City & State <b>ZELLWOOD FL</b>		City & State <b>ZELLWOOD FL</b>		4. FEI Number <b>432086732</b>	
Zip <b>32798</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUSSELL, DOUGLAS J</b> <b>3312 S. CITRUS CIR</b> <b>ZELLWOOD, FL 32798</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code		
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 <u>DOUGLAS J. RUSSELL</u> <u>Douglas Russell</u> DATE <u>1-7-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <u>MANAGER</u> <input type="checkbox"/> Delete NAME <u>DOUGLAS RUSSELL</u> STREET ADDRESS <u>3312 S. CITRUS CIR.</u> CITY-ST-ZIP <u>ZELLWOOD FL 32798</u>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>DOUGLAS J. RUSSELL</u> <u>Douglas Russell</u> DATE <u>1-7-06</u> <u>407-884-5916</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT  
30000257

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2006

DOUGLAS RUSSELL "L.L.C."  
3312 S. CITRUS CIR.  
ZELLWOOD, FL 32798 US

Subject: DOUGLAS RUSSELL "L.L.C."

Reference Number: L05000076398

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION