

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098769

FILED
Aug 31, 2007
Secretary of State

Entity Name: RUSSELL FAMILY TRANSPORT LLC

Current Principal Place of Business:

6430 C.R. 208
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

6430 C.R. 208
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 87-0754191 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUSSELL, JOHN H III
6430 C.R.208
ST. AUGUSTINE, FL 32092 US

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/MANAGERS:

Title: MGR () Delete
Name: RUSSELL, JOHN H III
Address: 6430 C.R. 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: RUSSELL, SALLY ANN
Address: 6430 C.R. 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: RUSSELL, MOLLY KATE
Address: 6430 C.R. 208
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SALLY ANN RUSSELL

MGRM

08/31/2007

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