

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123567

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** RUSSELL & ASSOCIATES LLC

**Current Principal Place of Business:**

1742 SPLIT FORK DR  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

1742 SPLIT FORK DR  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

RUSSELL, JANN M  
1742 SPLIT FORK DR  
OLDSMAR, FL 34677 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/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: RUSSELL, JANN M MGR  
Address: 1742 SPLIT FORK DR  
City-St-Zip: OLDSMAR, FL 34677 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JANN M. RUSSELL

MS

05/02/2006

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