


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/5/20

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-05-2004 90102 001 ***165.00

DOCUMENT # L03000009831			
1. Entity Name ABBIEJEAN RUSSELL CARE CENTER, LLC			
Principal Place of Business C/O LOUISE JEROSLOW, ESQ. 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143		Mailing Address C/O LOUISE JEROSLOW, ESQ. 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-11684350		Applied For NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEROSLOW, LOUISE ESQ LAW OFFICES OF LOUISE T. JEROSLOW 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and FEI applicable. (NOTE: Registered Agent Signature required when submitting.) DATE</small>			
Filing Fee is \$30.00 Due by May 7, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P Fannin, Deborah D.	C/O 6075 Sunset Dr. Ste 201		
S. Miami, FL 33143	S. Miami, FL 33143		
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V.P. Compton, Martha S.	C/O 6075 Sunset Dr. Ste 201		
S. Miami, FL 33143	S. Miami, FL 33143		
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST Gonzalez, Maria	C/O 6075 Sunset Dr. Ste 201		
S. Miami, FL 33143	S. Miami, FL 33143		
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. ADDITIONS/CHANGES			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Theresa E. Goyaly		Date: 4/21/2004 786-385-4364	

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