
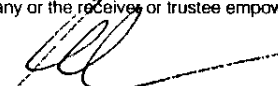


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90480 045 ****50.00

DOCUMENT # L01000012170 1. Entity Name SAM ASHLEY INTERNATIONAL, L.L.C.					
Principal Place of Business C/O BAUMAN & KANNER, P.A. 7119 W. BROWARD BLVD. PLANTATION, FL 33317			Mailing Address 101 N OCEAN DR S #8 HOLLYWOOD BCH, FL 33019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 640785			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MINT Hill NC		4. FEI Number 80-0007707	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 28227-7014		Country USA		01202007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BAUMAN, DAVID M ESQ C/O BAUMAN & KANNER, P.A. 7119 W. BROWARD BLVD. PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, THOMAS R 101 N OCEAN DR # 8 HOLLYWOOD BCH, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD J. SCHECHER 101 N OCEAN DR # 8 HOLLYWOOD BCH FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  RICHARD J. SCHACHER 04/22/07 (704) 124-5034 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					