


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90080 004 \*\*\*143.75

**DOCUMENT # L07000000610**

1. Entity Name  
 9750 WEST SAMPLE, LLC




Principal Place of Business  
 4700 NW BOCA RATON BLVD., STE. 101  
 BOCA RATON, FL 33431-4860

Mailing Address  
 4700 NW BOCA RATON BLVD., STE. 101  
 BOCA RATON, FL 33431-4860

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-8190227

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKIN, SIDNEY M  
 4700 NW BOCA RATON BLVD., STE. 101  
 BOCA RATON, FL 33431-4860

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.

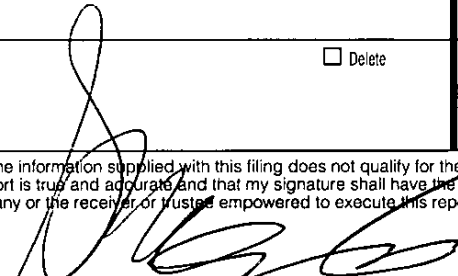
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSKIN, SIDNEY M. 4700 NW BOCA RATON BLVD., STE 101 BOCA RATON, FL 33431-4860 <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
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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:**  Sidney M. Moskin Moskin 11/10/08 561-241-9502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #