

FILED

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

2007 MAY 10 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #A05000000375

1. Entity Name  
SAM GROUP INVESTMENT LLLP



Principal Place of Business  
2800 WEST OAKLAND PARK BLVD  
101  
FORT LAUDERDALE, FL 33311

Mailing Address  
2800 WEST OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022007

Chg-LP

CR2E003 (12/08)

4. FEI Number  
86-1131533

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETTE, ANDRE  
2800 WEST OAKLAND PARK BLVD  
101  
FORT LAUDERDALE, FL 33311

Name  
FERNANDO LAMOTHE  
Street Address (P.O. Box Number is Not Acceptable)  
879 NW, 110th Terrace

City  
Plantation FL Zip Code  
33324

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

*Fernando Lamothe*

2 MAY 2007

DATE

FILE NOW!!! FEE IS \$000.00  
On or after September 14, 2007, Fee will be \$1000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P05000021686  
MIMO GROUP MANAGEMENT INC.  
2800 WEST OAKLAND PARK BLVD SUITE 101  
FORT LAUDERDALE, FL 33311

STREET ADDRESS  
CITY-ST-ZIP  
300103098253  
05/23/07--01020--007 \*\*500.00

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*LISE MORISSET*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAY 20 2007 1877-882-8809

Date

Daytime Phone #

STAPLE CHECK HERE