

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013519

FILED
Jan 05, 2004
Secretary of State

Entity Name: SAM AT NIX, LLC

Current Principal Place of Business:

125 NIX BOAT YARD ROAD
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5358
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3684257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, DAVID M
339 MARSHSIDE DR., N.
ST. AUGUSTINE, FL 32080 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/MEMBERS:

Title: MGRM () Delete
Name: ANDREWS, DAVID M
Address: 339 MARSHSIDE DRIVE NORTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: ANDREWS, JUDY D
Address: 339 MARSHSIDE DRIVE NORTH
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID M ANDREWS

MGMR

01/05/2004

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