2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013519

US

1. Entity Name SAM AT NIX, LLC



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

125 NIX BOAT YARD ROAD SAINT AUGUSTINE, FL 32084 125 NIX BOAT YARD ROAD SAINT AUGUSTINE, FL 32084

US

FILED Apr 07, 2008 08:00 A Secretary of State



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3684257

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

26-2008

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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ANDREWS, DAVID M		
STREET ADDRESS	339 MARSHSIDE DRIVE NORTH		UQQQQ0883114
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080		04/16/08-80067-025 138.75
TITLE	MGRM		
NAME	ANDREWS, JUDY D		
STREET ADDRESS	339 MARSHSIDE DRIVE NORTH		ĭ
CITY - SI - ZIP	ST. AUGUSTINE, FL 32080		
TITLE			
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STREET ADDRESS			
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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 truespe empowered to execute this report as required by Chapter 608, Florida Statutes.			