2008 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Apr 16, 2008 08:	
DOCU	JMENT # L010000042	273		\$ K,*	Secretary of S
1. Entity Nan	me		(EEEE)		-
SAMDSC	CRUB, LLC				
Principal Plac	ce of Business	Mailing Address		1	
	NGS HIGHWAY	2650 S. KINGS HIGHWAY			
FUKT PIEKU	CE, FL 34945	FORT PIERCE, FL 34945			
					
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	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
				65-1093533	Not Applicable
			是是有效的	5. Certificate of Status Desired	55.00 Additional Fee Required
<u> </u>	6. Name and Address of Current R	egistered Agent	7, b		The required
1ORNBO1	N RORERT I		[1] 医线性		
JOHNSON, ROBERT J 2650 S. KINGS HIGHWAY				DO NOT W	RIJE
FORT PIE	ERCE, FL 34945			IN THIS SP	ACE
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9 The above	e named entity submits this statement for t	the purpose of changing its register	and office or registers	The same of the state of the	<u> </u>
	e named entity submits this statement for t itions of registered agent,	ne purpose of changing its register	'ed office or registere	ed agent, or both, in the State of Fig	rida. I am tamiliar with, and accept
SIGNATURE.					
-	Signature, typed or printed name of registered agent and	d title if applicable (NOTE: Registere	ed Agent signature required		DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				U0000 04/29/0	00901226 8-80057-020 138.75
9.	MANAGING MEMBER	IS/MANAGERS	1 1 m - 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		소마스 이 바로 아무리 12 분기는 네가바다 다른 1호 12 -
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NAME STREET ADDRESS	WUCHTE, JOHN F				
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NAME	ſ				के न [े] एकी की नाम

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 of the receiver of truetge empowered to execute this report as required by Chapter 608, Florida Statutes.

-Robert J. Johnson SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS C-TY-ST-ZIP

772-216-5098 Daylina Proce #