2005 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Apr 23, 2005 08:00 AM Secretary of State	
DOCUMENT # L01000011184 1. Entry Name SAMPSON PROPERTIES, LLC			Secret	ary of State
Principal Place of Business 11868 SW 43RD CT. DAVIE, FL 33330	Mailing Address P.O. BOX 550038 FT LAUDERDALE, FL 33355		A LANGAR AN AN AREA MEN AND AND AN	
DO NOT WRITE IN THIS SPAC		CE	04202005No Chg-LLC 4. FEl Number	CR2E083 (10/03)
			65-1122376 5. Certificate of Status Desired	S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SPIGLER, KAREN J 499 NW 70TH AVENUE, #105 PLANTATION, FL 33317		DO NOT WRITE IN THIS SPACE		
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				
Filing Fee is \$50.00 Due by May 1, 2005				
MANAGING MEM MANAGING MEM MITLE MGRM LARSON, TED J STREET ADDRESS (ITY-ST-ZIP DAVIE, FL 33330 TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERS/MANAGERS		000000 04/23/05-	325239 88050-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			· · ·	
STREET ADDRESS CITY-ST-ZIP     11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is true and sectirate 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 firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.     SIGNATURE:   IED LARSON   4-20-05   (954) 23.6 - 86.444				
	OF SIGNING MANAGING MEMBER, OR AUTHORIZE	D REPRESENTATIVE	Date	Daytime Phone #