

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000014792 1. Entity Name SAMPLE INVESTMENTS, L.L.C.					
Principal Place of Business 505 W 47TH STREET MIAMI BEACH FL 33140 US			Mailing Address P O BOX 2277 MIAMI BEACH FL 33140 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1182907	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQ 1428 BRICKELL AVE EIGHTH FLOOR MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP POMPER, MARK ELLIOT 505 W 47TH STREET MIAMI BEACH FL 33140	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000438477 03/01/06-80007-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD POMPER, SUZAN D 505 W 47TH STREET MIAMI BEACH FL 33140	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Mark F. Pomper, MD</u> (MARK Pomper, MD) 2/17/06 305-219-0324					