S.A.M. FAMILY ENTERPRISES LLC         2           Virulation of Business         Mathing Address           Mile BEACH R. Step         Bits 5 OCEM BLVD           Principal Place of Business         Bits 5 OCEM BLVD           Principal Place of Business         Bits 5 OCEM BLVD           State A Apt 7, etc.         Apt 7, -2-2-2           Dry Lind Business         State Apt 8, etc.           Apt 7, etc.         Apt 7, -2-2-2           Do NOT WRITE IN THIS SPACE             Zo         Country         Zp           Zo         Country         Zp           Zo         Country         Zp           Zo         Country         Zp           And Mark WILL         Apt 7, etc.           States Apt 8, etc.         Apt 7, etc.           Apt 7, etc.         Apt 7, etc.           States Apt 8, etc.         Apt 7, etc.           Apt 8, etc.         Apt 8, etc.	<ol> <li>Entity Na</li> </ol>				FILED
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Init BEACH FL 3060       PALM BEACH FL 3060       FALL ATRASSEE, FLORIDA         Principal Place of Business       21       1.3. Making Address       Do NOT WRITE IN THIS SPACE         State A dol. r, etc.       State Acti. r, etc.       City 4 State       Do NOT WRITE IN THIS SPACE         Zip       Courty       Zp       Courty       S. Certification State Courty       S. DO Address of New Registered Agent         Zip       Courty       Zp       Courty       S. Do Address of New Registered Agent       Not Applied Field         Address of New Registered Agent       Zip       Courty       S. Dor Address of New Registered Agent       Not Applied Field         State Address of New Registered Agent       Zip       Courty       E. Certificate of State David       State Address of New Registered Agent         Address of New Registered Agent       Zip       Courty       E. Certificate of State David       State Address of New Registered Agent         Address of Portee Intervention of State David       State Address of New Registered Agent       Dove       State Address of Portee Intervention of State David       State Address of Portee Intervention of State David         PALM BEACH FL 2000       Mater Check Portee Intervent of State David       Dove       Mater Check Portee Intervent of State David       ADDITIONS/CHANGES         Chart Core       State David       State David <th></th> <th></th> <th>Mailing Address</th> <th></th> <th>DIVIJION OF CORPORATIONS</th>			Mailing Address		DIVIJION OF CORPORATIONS
Suite, Apl. #. etc.     DO NOT WRITE IN THIS SPACE       City & State     City & State     App.r 2.2.7     Country     App.r 2.2.7       Zip     Country     Zip     Country     App.r 2.2.7     App.r 2.2.7       Zip     Country     Zip     Country     State     App.r 2.2.7       Zip     Country     Zip     Country     State     App.r 2.2.7       ABAAUS, Markit IN     Zip     Country     State Address of New Registance Appart       ABAAUS, Markit IN     State Address of New Registance Appart     News and Address of New Registance Appart       ABAAUS, Markit IN     Steel Address (PD. Box Number Is Not Acceptable)     FL       PALM BEACH FL 33400     Steel Address (PD. Box Number Is Not Acceptable)     Exceptable)       CRY     FL     The Maximum Address of New Registance Appart       Make Check Reyrights to Department of State During Its registance Apprt State of Florida. Lan ternilar with, and accept the colloations of nog stered agent.     Cott       CMATURE     Define Newsel Address of New Registance App. State of Florida. Lan ternilar with, and accept the colloations of nog stered agent.     Cott       Make Check Reyrights to Department of State Due State of Florida. Lan ternilar with, and accept the colloations of nog stered agent.     Cott       CMATURE     Procest /m Address					ALLAHASSEE, FLORIDA
April     - 2.2 ?     CMON Write in Time Since       City & State     4. FEI Nomitor     Applied For       Zip     Country     Zip     Country     S. Certificate of Status Dasked     For Applied For       Zip     Country     Zip     Country     S. Certificate of Status Dasked     For Applied For       Applied For     S. Certificate of Status Dasked     For Applied For     For Applied For       Applied For     S. Certificate of Status Dasked     For Applied For       Applied For     Status Country     S. Certificate of Status Dasked     Applied For       Applied For     Status Country     S. Certificate of Status Dasked     Applied For       Applied For     Status Country     S. Certificate of Status Dasked     Applied For       Applied For     Status Country     Status Country     FLE       Applied For     Status Country     Status Country     Status Country       Status Country     Status Country     Country     Status Country     Country       Status Country     Status Country     Country     Status Country     Country       Status Country     Status Country     Country     Country     Country       Status Country     Status Country     Country     Country     Country       The above named entity submits this statument for the	. Principal	Place of Business	yi 3. Mailing Address		
Zip     Country     Zip     Country     S. Certificate of Status Desired     SS.00 Additional Not Application       20     Country     S. Certificate of Status Desired     SS.00 Additional PRAME       4. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       3. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       3. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       3. Step Stocken BLVD PALM BEACH FL 33480     Steet Address (P.O. Box Number is Not Acceptable)       The above named entity submits this statement for the purpose of changing its registered agent; or both, in the State of Forda. I am familiar with, and accept the colligations of registered agent; or both newaling)     Datt       CIN/     FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002     Datt       MAMAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES     Out;       12     Press // M & GR/     10.     ADDITIONS/CHANGES     10.       13     Stress Advress     10.     ADDITIONS/CHANGES     10.       14     Change     10.     ADDITIONS/CHANGES     10.       15     Press // M & GR/     10.     New State Address     10.       16     Math Address     10.     ADDITIONS/CHANGES     10.       17     Math Address	Suite, Ap	). #, etc.		27	DO NOT WRITE IN THIS SPACE
Zip     County     Zip     County     3. Dentificate of Status Desired     \$5.00 Academating       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       ABRAMS, MARI, YN     Street Address (PO. Box Number is Not Acceptable)     Street Address (PO. Box Number is Not Acceptable)       PALM BEACH FL 33400     City     FL     Zin Code       City     FL     Zin Code     City     FL     Zin Code       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of mgistered agent.     PL     Zin Code       CNATURE     FILE NOWITH FEE IS \$50.00     Make Check Payable to Department of State     Date       Street Address (PO. Daw Number is Not Acceptable)     Date     FILE NOWITH FEE IS \$50.00       Make Check Payable to Department for the Street Street State     Date     Date       Street Address (PO. Daw Number is Not Acceptable)     Date     City       Make Check Payable to Department of State     Date     County     County       Street Address (PO. Daw Number is Not Acceptable)     Date     City     County       Make Check Payable to Department of State     Note     County     County       Street Address     County     County     County     Counge </td <td>City &amp; Sta</td> <td>ate</td> <td>City &amp; State</td> <td>·······</td> <td></td>	City & Sta	ate	City & State	·······	
ARRANS, MARLIN 3546 \$ OCEAN BLVD PALM BEACH FL 33490       Street Address (PO. Box Number is Not Acceptable)         The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations digent.       Image: Change of Changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations digent.         GNATURE       Chy       Element of protein agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of protein agent.       Dote         GNATURE       Chy       Date       Date         FILE NOW!!!       FELE NOW!!!       FELE SS0.00         Make Chock Payable to Department of State Due By September 23, 2002       ADDITIONS/CHANGES         MANAGING MEMBERS/MANAGERS       Inf. Make Street Address       Chr.ge         Street Address       Inf. Make Street Address       ADDITIONS/CHANGES         13.5 v1, S & c.com       B v.op       Chr.ge       Addition         Street Address       Inf. Make Street Address       Chr.ge       Addition         151.20       Inf. Make Make Street Address       Inf. Make Street Address       Inf.gent Address         151.20       Inf. Make Street Address       Inf.gent Address       Inf.gent Address         151.20       Inf.gent Address       Inf.gent Address       Inf.g	Zip			Country	5. Certificate of Status Desired  \$5.00 Additional  Fee Required
Step S OCEAN BLVD PRUM BEACH FL 33490         Street Address (P.O. Box Number is Not Acceptable)         City         City         City         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familier with, and accept the objections of registered agent.         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familier with, and accept the objections of registered agent.         Option provide agent act to a application         (INTE Regenered Agent spinow results) monorestating)         Date         FILE NOW!II FEE IS \$50.00         MANAGING MEMBERS/MANAGERS         Due By September 25, 2002         MANAGING MEMBERS/MANAGERS         ITHE MORENT OF State         ITHE MORENT OF State         ITHE MORENT OF State         ITHE MORENT OF State         ITHE MORENT OF State of Provide agent			rent Registered Agent	Name	7. Name and Address of New Registered Agent
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Implement 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.         Implement 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.         OBATURE         OPTIC Registered Agent agrics in				City	Et Zip Code
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LE       Prisi/maken       Delete       ThE       ADDITIONS/CHARLES		Signature, typed or printed name of registered a	gent and the if applicable. (NO	TE: Registered Agent signature	p required when reinstating) DATE
ME       MARING DB RDA1       NAME         35455       5500 B M P       STRET ADDRESS         Parm Road, PL 3147       CTV-ST-2P         E       Delete       THE         MAKE       STRET ADDRESS         CTV-ST-2P       CTV-ST-2P         E       Delete         THE       CTV-ST-2P         E       Delete         THE       CTV-ST-2P         E       Delete         THE       CTV-ST-2P         E       Delete         THE       CTV-ST-2P         E       Delete         CTV-ST-2P       CTV-ST-2P         E       Delete         THE       Change         Addition       NAME         STRET ADDRESS       CTV-ST-2P         E       Delete       TTLE         NAME       STRET ADDRESS         STRET ADDRESS       CTV-ST-2P         E       Delete       TTLE         NAME       STRET ADDRESS         STRET ADDRESS       CTV-ST-2P         E       Delete       TTLE         NAME       STRET ADDRESS         STRET ADDRESS       CTV-ST-2P         CTADRESS		Signature, typed or primed name of registered a	FILE N Make Check P	IOW!!! FEE IS \$5 ayable to Departm	i0.00 pent of State
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