2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# L01000017748

Entity Name: SAM GOLD'S, L.L.C.

Current Principal Place of Business:

10354 BERMUDA DRIVE
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

10354 BERMUDA DRIVE
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-1148259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHWARTZ, GREGORY E
3876 SHERIDAN ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHWARTZ, BARRY P
Address: 10354 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM ( ) Delete
Name: SCHWARTZ, MARCIA R
Address: 10354 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM ( ) Delete
Name: SCHWARTZ, GREGORY E
Address: 3876 SHERIDAN ST STE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SCHWARTZ, GREGORY E
Address: 3876 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY P SCHWARTZ MR 03/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date