


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016602 1. Entity Name SAMVIC, LLC	
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Principal Place of Business 4000 TOWERSIDE TERRACE, SUITE 2406 MIAMI, FL 33138	Mailing Address 4000 TOWERSIDE TERRACE, SUITE 2406 MIAMI, FL 33138
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05192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2288401	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DROR, SAM 4000 TOWERSIDE TERRACE, SUITE 2406 MIAMI, FL 33138

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DROR, SAM 4000 TOWER SIDE TERRACE # 2406 MIAMI, FL 33138
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06/02/05-80005-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Samuel Dror* 06/02/05 395893 3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #