

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023028

FILED  
Jun 09, 2005  
Secretary of State

**Entity Name:** SAMUEL-LAWRENCE REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

2651 N HIATUS ROAD  
COOPER CITY, FL 33026

**New Principal Place of Business:**

11011 SHERIDAN STREET  
SUITE 304  
COOPER CITY, FL 33026

**Current Mailing Address:**

2651 N HIATUS ROAD  
COOPER CITY, FL 33026

**New Mailing Address:**

11011 SHERIDAN STREET  
SUITE 304  
COOPER CITY, FL 33026

FEI Number: 74-3060220      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROSENBERG, ERIC D  
11011 SHERIDAN STREET, SUITE 304  
COOPER CITY, FL 33026      US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: ROSENBERG, ERIC D  
Address: 11011 SHERIDAN STREET, SUITE 304  
City-St-Zip: COOPER CITY, FL 33026

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC D. ROSENBERG

MGRM

06/09/2005

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