


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000000705</b> 1. Entity Name SAMUEL J. ASSOCIATES LIMITED LIABILITY COMPANY	
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Principal Place of Business 10 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	Mailing Address 7325 NW 68TH WAY PARKLAND, FL 33067
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01142008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1873313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

FERRARA, SAMUEL  
7325 NW 68TH WAY  
PARKLAND, FL 33067

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRARA, SAMUEL 7325 NW 68TH WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRARA, JACQUELINE 7325 NW 68TH WAY PARKLAND, FL 33067
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01/23/08-80058-018 138.75

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

11. I hereby certify that the information supplied with this filing does not 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #