

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005610

FILED
Sep 28, 2004
Secretary of State

Entity Name: SAMSUE, LLC

Current Principal Place of Business:

1735 LEE JANZEN DRIVE
KISSIMMEE, FL 34744

New Principal Place of Business:

2343 SWEETWATER BLVD.
SAINT CLOUD, FL 34772

Current Mailing Address:

1735 LEE JANZEN DRIVE
KISSIMMEE, FL 34744

New Mailing Address:

2343 SWEETWATER BLVD.
SAINT CLOUD, FL 34772

FEI Number: 01-0768525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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/MEMBERS:

Title: MGR () Delete
Name: PRICE, CHERI L
Address: 1735 LEE JANZEN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: PRICE, MARK A
Address: 1735 LEE JANZEN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRICE, CHERI L
Address: 2343 SWEETWATER BLVD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGR (X) Change () Addition
Name: PRICE, MARK A
Address: 2343 SWEETWATER BLVD.
City-St-Zip: SAINT CLOUD, FL 34772

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: CHERI L. PRICE

MGR

09/28/2004

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