

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007062

1. Entity Name  
SAMM PROPERTY MANAGEMENT, LLC



Principal Place of Business  
P.O. BOX 11082  
FT LAUDERDALE, FL 33339 US

Mailing Address  
P.O. BOX 11082  
FT LAUDERDALE, FL 33339 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102004

Chg-LLC

CR2E083 (10/03)

5/25

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKAMAN, MICHAEL C  
515 UNIVERSITY DRIVE  
SUITE 115A  
CORAL SPRINGS, FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ALLYN MACKAMAN, SUZANNE  
STREET ADDRESS P.O. BOX 11082  
CITY-ST-ZIP FT LAUDERDALE, FL 33339

TITLE MGR ☒ Change ☐ Addition  
NAME ALLYN, SUZANNE R.  
STREET ADDRESS P.O. BOX 11082  
CITY-ST-ZIP FT LAUDERDALE, FL 33339

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

5/14/04

FILED

04 MAY 25 AM 11:08

TALLAHASSEE, FLORIDA

MJH

