

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90144 009 \*\*\*\*50.00

<b>DOCUMENT # L03000019568</b> 1. Entity Name <b>SAMPLE RETAIL CENTER, LLC</b>					
Principal Place of Business <b>947 CLINT MOORE ROAD BOCA RATON, FL 33487</b>			Mailing Address <b>947 CLINT MOORE ROAD BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007    Chg-LLC    ER2E083 (12/06)	
Zip		Country		4. FEI Number <b>65-0792131</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent					
<b>947 HEISE, MARTIN P 947 CLINT MOORE ROAD Clint Moore Rd BOCA RATON, FL 33487</b>					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BERSON, GERALD S</b> <input type="checkbox"/> Delete <b>947 CLINT MOORE ROAD</b> <b>BOCA RATON, FL 33487</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HEISE, MARTIN P</b> <input type="checkbox"/> Delete <b>947 CLINT MOORE ROAD</b> <b>BOCA RATON, FL 33487</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>947 CLINT MOORE Rd</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>947 Clint Moore Rd</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Martin P Heise</u> <u>2/1/07</u> <u>561-997-0015</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					