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Secretary of State
05-07-2007 90373 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024136

1. Entity Name
SAMPSON LLC

60049102

04122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5900 COLLINS AVE. APT. 2206 MIAMI BEACH, FL 33140	5900 COLLINS AVE. APT. 2206 MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 JONH STREET	100 JOHN STREET
Suite, Apt. #, etc.: 1503	Suite, Apt. #, etc.: 1503
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10038 Country:	Zip: 10038 Country:

4. FEI Number: 01-0790375 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOGATIN, GARY
5900 COLLINS AVE. APT. 2206
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

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 X [signature] Gary Bogatin
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	KHOLODOVSKY, ANATOLY	50 SHORE BLVD. APT. 6F	BROOKLYN, NY 11235	☐ Delete
MGRM	BOGATIN, GARY	5900 COLLINS AVE. APT. 2206	MIAMI BEACH, FL 33140	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
MGRM	CANTOR, PAUL	45 LISPENARD ST. # 2W	NEW YORK, NY 10013	☐ Change	☒ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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.

SIGNATURE: X [signature] Gary Bogatin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #