

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90100 002 ***138.75

DOCUMENT # L03000026449 1. Entity Name SAMARA LAKES, LLC					
Principal Place of Business 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667			Mailing Address 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 72-1570449					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HOLZ, F. LOGAN 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667					
7. Name and Address of New Registered Agent Name SLG Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 4315 Pablo Oaks Court City Jacksonville FL 32224					
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 <i>Mallory G. Holm</i> Mallory G. Holm V.P. DATE 4/9/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHMN STOKES, E. CHESTER JR <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224-9667				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HOLZ, F. LOGAN <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KUNKEL, JOHN C <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSE HOLM, MALLORY G <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTR FREDENHAEN, SHARON W <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LAWARRE, JOY L <input type="checkbox"/> Delete 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224				
10. ADDITIONS/CHANGES					
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					
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.					
SIGNATURE: <i>Joy L Lawarre</i> Joy L Lawarre DATE 4/9/08 DAYTIME PHONE # 9044821100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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