

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029596

Entity Name: SAMANDA PARTNERS LLC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

4986 SE LOST LAKE WAY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3087
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 75-3126114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ALLESSIO, NICHOLAS JR.
4986 SE LOST LAKE WAY
HOBE SOUND, FL 33455 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/MANAGERS:

Title: MGR () Delete
Name: D'ALESSIO, NICHOLAS JR.
Address: NO. 8381 S.E. WOODCREST PLACE
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: HELPER, DENNIS
Address: 774 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: MGRM () Delete
Name: D&M TWO, LLC-PRESIDE, NT
Address: 25 ELEUTHERA DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HELPER, DENNIS
Address: 17648 CINQUEZ PARK RD. W
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DENNIS HELPER

MGRM

01/23/2006

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