## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000029596

City-St-Zip:

OCEAN RIDGE, FL 33435

Entity Name: SAMANDA PARTNERS LLC

FILED Jan 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4986 SE LOST LAKE WAY HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** P.O. BOX 3087 TEQUESTA, FL 33469 FEI Number: 75-3126114 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'ALLESSIO, NICHOLAS JR. 4986 SE LOŚT LAKE WAY HOBE SOUND, FL 33455 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete D'ALESSIO, NICHOLAS JR. Name: Name: Address: NO. 8381 S.E. WOODCREST PLACE Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: HELPER, DENNIS Name: Address: 17648 CINQUEZ PARK RD. W Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition D&M TWO, LLC-PRESIDE, NT Name: Name: Address: 25 ELEUTHERA DRIVE Address:

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.

City-St-Zip:

SIGNATURE: DENNIS HELPER JR. MGRM 01/16/2007