

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000033956

**FILED**  
**Jul 11, 2007**  
**Secretary of State****Entity Name:** SAM R. ASSINI LLC**Current Principal Place of Business:**8695 COLLEGE PARKWAY  
435  
FORT MYERS, FL 33919**New Principal Place of Business:****Current Mailing Address:**8695 COLLEGE PARKWAY  
435  
FORT MYERS, FL 33919**New Mailing Address:****FEI Number:** 20-0207821**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ASSINI, SAM R  
8695 COLLEGE PARKWAY  
435  
FORT MYERS, FL 33919 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:** ASSINI, SAM R MGR  
**Address:** 8695 COLLEGE PARKWAY SUITE 435  
**City-St-Zip:** FORT MYERS, FL 33919**Title:** MGRM (X) Delete  
**Name:** ASSINI, KAREN E MGRM  
**Address:** 8695 COLLEGE PARKWAY, SUITE 435  
**City-St-Zip:** FORT MYERS, FL 33919**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** ASSINI, SAM R MGRM  
**Address:** 8695 COLLEGE PARKWAY SUITE 435  
**City-St-Zip:** FORT MYERS, FL 33919**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: SAM R. ASSINI

MGRM

07/11/2007

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