2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-16-2005 90292 026 ****50.00

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1. Entity Name
SAMPLE COMMONS, LLC

30003320

Principal Place of Business	Mailing Address
C/O 3129 NORTH 29TH AVENUE HOLLYWOOD, FL 33021 US	C/O 3129 NORTH 29TH AVENUE HOLLYWOOD, FL 33021 US

01202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4651 Sheridan St	4651 Sheridan St
Suite, Apt. #, etc. 303	Suite, Apt. #, etc. 303
City & State Hollywood	City & State HOLLYWOOD, FL
Zip 330/21 Country USA	Zip 33021 Country USA

4. FEI Number APPLIED FOR 20-1005925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180	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 ______________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GHITIS, LEO 3129 NORTH 29TH AVENUE HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4651 Sheridan St, Ste 303 Hollywood, FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BUTTERS, MALCOLM 1096 EAST NEWPORT CENTER DRIVE, STE 100 DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leo Ghitis 954-962-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #