

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017646

Entity Name: SAMPSON REAL ESTATE, LLC

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

146 PELICAN WAY
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

902 DOLPHIN HARBOR
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

P.O. BOX 9881
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROTHRO, CHARLES
146 PELICAN WAY
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

PROTHRO, CHARLES
902 DOLPHIN HARBOR
PANAMA CITY BEACH, FL 32407 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:

03/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PROTHRO, CHARLES R
Address: 146 PELICAN WAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM () Delete
Name: PROTHRO, SHIRLEY E
Address: 146 PELICAN WAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PROTHRO, CHARLES R
Address: 902 DOLPHIN HARBOR
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM (X) Change () Addition
Name: PROTHRO, SHIRLEY E
Address: 902 DOLPHIN HARBOR
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES PROTHRO

MGMR

03/17/2005

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