

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043079

FILED  
May 12, 2007  
Secretary of State

Entity Name: D. SAM ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

1831 HURRICAN HARBOR LANE  
NAPLES, FL 34104

**New Principal Place of Business:**

1831 HURRICANE HARBOR LANE  
NAPLES, FL 34102

**Current Mailing Address:**

1831 HURRICAN HARBOR LANE  
NAPLES, FL 34104

**New Mailing Address:**

1831 HURRICANE HARBOR LANE  
NAPLES, FL 34102

FEI Number: 20-2346275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KNOTT, GEORGE H ESQ  
KNOTT CONSOER EBELINI HART & SWETT, P.A.  
1625 HENDRY STREET, THIRD STREET  
FORT MYERS, FL 33901 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:**

Title: MGR ( ) Delete  
Name: SAMADNEJAD, DAVOUD  
Address: 1831 HURRICAN HARBOR LANE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAMADNEJAD, DAVOUD  
Address: 1831 HURRICANE HARBOR LANE  
City-St-Zip: NAPLES, FL 34102

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: DAVOUD SAMADNEJAD

MGR

05/12/2007

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