


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90010 022 ****50.00

DOCUMENT # L04000049648 1. Entity Name SAMANNA LAND LLC	
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Principal Place of Business 199-20 32ND AVE. FLUSHING, NY 11358	Mailing Address 199-20 32ND AVE. FLUSHING, NY 11358
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2006125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROLLO, ANTHONY 199-20 32ND AVE. FLUSHING, NY 11358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>MARK</i> RAGUSA, <i>MARK</i> 29-40 FRANCIS LEWIS BOULEVARD FLUSHING, NY 11358
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #