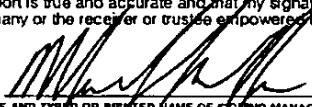


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-01-2005 90157 034 ****50.00

DOCUMENT # L04000055035																													
1. Entity Name SAMPSONBILT, LLC																													
Principal Place of Business 814 10TH AVE. W. BRADENTON FL 34205			Mailing Address 814 10TH AVE. W. BRADENTON FL 34205																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number 30-0311008 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
SAMPSON, MARK G 814 10TH AVE. W. BRADENTON FL 34205			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 re-registering) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SAMPSON, MARK G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2214 AVE B</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRADENTON FL 34217</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MGRM	☐ Delete	NAME	SAMPSON, MARK G		STREET ADDRESS	2214 AVE B		CITY- ST- ZIP	BRADENTON FL 34217		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	MGRM	☐ Delete																											
NAME	SAMPSON, MARK G																												
STREET ADDRESS	2214 AVE B																												
CITY- ST- ZIP	BRADENTON FL 34217																												
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
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:  MARK G. SAMPSON 3-24-05 941-713-0525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													