2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # L05000016939 1. Entity Name SAMTECH, LLC							01-17-2007	90011 009	9 ****50	0.00
Principal Place of Business 919 S.E. RIVERSIDE DRIVE STUART, FL 34994			Mailing Address 919 S.E. RIVERSIDE DRIVE STUART, FL 34994							
2. Principal Place of Business - No P.O. Box #		i, Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State		4. FEI Numbe	or 03-05	89713		plied For t Applicable	
Zip Country			Zip	Country		5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address	s of Current R	egistered Agent			7. Name and	Address of New R	egistered Ag	gent	
LEAVED (CANDDAI				Name					
LEAVER, SANDRA L 919 S.E. RIVERSIDE DRIVE STUART, FL 34994				Street Address (P.O. Box Number is Not Acceptable)						
.									,	
					City			FL	Zip Code	
	named entity submits this tions of registered agent.	statement for	the purpose of changing its	s registere	ed office or regis	stered agent, or bo	th, in the State of Fk	orida. I am la	miliar with,	and accept
SIGNATURE .										
	Signature, typed or printed name of	registered agent an	d title if applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating)		DATE		
Fi	Signature, typed or printed name of	registered agent an	d ntle il applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating)		DATE te check pa a Departme		e
Fi	lling Fee is \$50.00 ue by May 1, 2007		d title if applicable. (NO	TE: Registered	d Agent signature requ	uired when reinstating)		e check pa a Departme		
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9.	lling Fee is \$50.00 ue by May 1, 2007	GING MEMBER	S/MANAGERS	10. FITLI	E	uired when reinstating)	Florida	te check pa a Departme	nt of State	
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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: Leave SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Pd CK # J+ 2258