


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90044 041 \*\*\*\*50.00

<b>DOCUMENT # L05000025430</b>					
<b>1. Entity Name</b> GEORGE & SAM'S LLC					
<b>Principal Place of Business</b> 517 LAKEWOOD DRIVE OLDSMAR, FL 34677			<b>Mailing Address</b> 517 LAKEWOOD DRIVE OLDSMAR, FL 34677		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  GEORGES-GEORGOS 517 LAKEWOOD DRIVE OLDSMAR, FL 34677			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
MR NAME ADDRESS	MGRM GEORGES, GEORGOS 517 LAKEWOOD DRIVE OLDSMAR, FL 34677		MR NAME ADDRESS	_____ _____ _____	
MR NAME ADDRESS	MGR JURJIS, SAAD 2962 SHANNON CIRCLE PALM HARBOR, FL 34684		MR NAME ADDRESS	_____ _____ _____	
MR NAME ADDRESS	_____ _____ _____		MR NAME ADDRESS	_____ _____ _____	
MR NAME ADDRESS	_____ _____ _____		MR NAME ADDRESS	_____ _____ _____	
MR NAME ADDRESS	_____ _____ _____		MR NAME ADDRESS	_____ _____ _____	
MR NAME ADDRESS	_____ _____ _____		MR NAME ADDRESS	_____ _____ _____	
<b>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.</b>					
<b>SIGNATURE:</b> _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		