


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90032 016 ****50.00

DOCUMENT # L05000034986	
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1. Entity Name SAMICI, LLC	Principal Place of Business 1528 WESTON ROAD WESTON FL 33326	Mailing Address % SANDY GOLDMAN 3297 INTERLAKEN ST. WEST BLOOMFIELD MI 48323-1826
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2. Principal Place of Business 3297 Interlaken	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State W Bloomfield MI	City & State
Zip 48323	Country USA

1st MOORE CR2E083 (10/05)

4. FEI Number 65-1249767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EISLER, MICHAEL J ESQ. 1528 WESTON ROAD WESTON FL 33326	
7. Name and Address of New Registered Agent Name <u>Sandy Goldman</u> <i>JK</i> Street Address (P.O. Box Number is Not Acceptable) <u>3297 Interlaken</u> City <u>W Bloomfield</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sandy + Jennifer Goldman 3297 Interlaken W Bloomfield MI 48323	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael + Lesley Goldman 2665 Riviera Manor Weston FL 33332	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Phyllis Goldman 2575 Bay Pointe Weston FL 33327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cindy Goldman 5511 Taylor Hollywood FL 33021	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saran Blackburn 6492 Laurel Oak Drive Spring Hill FL 34607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **DATE** 3/2/06 **Daytime Phone #** 2486819010