

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90142 011 ****50.00

DOCUMENT # L05000034986					
1. Entity Name SAMICI, LLC					
Principal Place of Business 3207 INTERLAKEN WEST BLOOMFIELD, MI 48323			Mailing Address % SANDY GOLDMAN 3207 INTERLAKEN ST. WEST BLOOMFIELD, MI 48323-1826		
2. Principal Place of Business - No P.O. Box # 3053 Birkdale		3. Mailing Address 3053 Birkdale			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212007 Chg-LLC CR2E083 (12/06)	
City & State Weston FL		City & State Weston FL		4. FEI Number 65-1249767	
Zip 33332		Country USA		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME GOLDMAN SANDY, AND JENNIFER STREET ADDRESS 3207 INTERLAKEN CITY-ST-ZIP WEST BLOOMFIELD, MI 48323	<input type="checkbox"/> Delete		TITLE MGRM NAME Goldman, Sandy & Jennifer STREET ADDRESS 3053 Birkdale CITY-ST-ZIP Weston FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GOLDMAN MICHAEL, LESLEY STREET ADDRESS 2665 RIVERA MANOR CITY-ST-ZIP FORT LAUDERDALE, FL 33332	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GOLDMAN, PHYLLIS STREET ADDRESS 2575 BAY PT CITY-ST-ZIP FORT LAUDERDALE, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GOLDMAN, CINDY STREET ADDRESS 5511 TAYLOR CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BLACKBURN, SARAN STREET ADDRESS 6492 LAUREL OAK DR CITY-ST-ZIP SPRING HILL, FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		