2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041685

Entity Name: SAMSONS HOLDINGS, LLC

8921 CYPRESS PRESERVE PLACE

FORT MYERS, FL 339120831 US

Address:

City-St-Zip:

FILED May 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8921 CYPRESS PRESERVE PLACE FORT MYERS, FL 339120831 US **Current Mailing Address: New Mailing Address:** 8921 CYPRESS PRESERVE PLACE FORT MYERS, FL 339120831 US FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAMTANI, VIJAY 8921 CYPRESS PRESERVE PLACE FORT MYERS, FL 339120831 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SAMTANI, VIJAY Name: Name: Address: 8921 CYPRESS PRESERVE PLACE Address: City-St-Zip: FORT MYERS, FL 339120831 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SAMTANI, KAUSHILIA Name: Address: 8921 CYPRESS PRESERVE PLACE Address: City-St-Zip: FORT MYERS, FL 339120831 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAMTANI, GULAB Name: Name: 8921 CYPRESS PRESERVE PLACE Address: Address: City-St-Zip: FORT MYERS, FL 339120831 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SAMTANI, VISHAL Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: VISHAL SAMTANI MGRM 05/25/2007