

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047681

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SAMUEL INVESTMENTS, LLC

**Current Principal Place of Business:**

390 WILLETT AVENUE  
NAPLES, FL 34108

**New Principal Place of Business:**

390 WILLET AVENUE  
NAPLES, FL 34108

**Current Mailing Address:**

390 WILLETT AVENUE  
NAPLES, FL 34108

**New Mailing Address:**

390 WILLET AVENUE  
NAPLES, FL 34108

FEI Number: 39-0432630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, BARBRA J  
390 WILLETT AVENUE  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

REED, BARBRA J  
390 WILLET AVENUE  
NAPLES, FL 34108 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: BARBRA J. REED

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: REED, BARBRA J  
Address: 390 WILLETT AVE.  
City-St-Zip: NAPLES, FL 34108 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BARBRA J. REED

PRES

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date