

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State****DOCUMENT # L05000074764**

1. Entity Name

**SAMB ENTERPRISES, L.L.C.**

Principal Place of Business

**12657 GETTYSBURG CIRCLE  
ORLANDO, FL 32837**

Mailing Address

**12657 GETTYSBURG CIRCLE  
ORLANDO, FL 32837**

04262007 No Chg-LLC

CR2E083 (11/06)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
**20-3413579**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

3. Name and Address of Current Registered Agent

**SINGH, JASPAL  
12657 GETTYSBURG CIRCLE  
ORLANDO, FL 32837****DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007****9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | MGRM                    |
| NAME           | GANDHI, HARJEET S       |
| STREET ADDRESS | 12657 GETTYSBURG CIRCLE |
| CITY- ST- ZIP  | ORLANDO, FL 32837       |
| TITLE          | MGRM                    |
| NAME           | GANDHI, JASPAL S        |
| STREET ADDRESS | 12657 GETTYSBURG CIRCLE |
| CITY- ST- ZIP  | ORLANDO, FL 32837       |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

**DO NOT WRITE  
IN THIS SPACE**

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. I am a managing member or manager of this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 908, Florida Statutes.

SIGNATURE: *Harjit Singh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Date/Phone #

04/26/07

04/26/07