

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/2

**FILED  
May 18, 2007 8:00 am  
Secretary of State**

04-26-2007 90044 030 \*\*\*\*50.00

**DOCUMENT # L05000077123**

1. Entity Name  
**SAMPLE ROAD INVESTMENTS, LLC**



Principal Place of Business  
**9001 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

Mailing Address  
**1515 S. FEDERAL HWY.  
SUITE 306  
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3844711**  Applied For  
 APPLIED FOR  Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLISON, DONALD M  
1515 S. FEDERAL HWY.  
SUITE 306  
BOCA RATON, FL 33432**

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

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

(NOTE: Registered Agent signature required when remailing)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLESPIE, R B III 1515 S. FEDERAL HWY 306 BOCA RATON, FL 33432	<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
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
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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 BOXING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-25-07 561 368 5758*

Date

Daytime Phone #

## ATTACHMENT

30008300# L05000077123

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ► See separate instructions for each line. ► Keep a copy for your records.		EIN 20-3844711 OMB No. 1545-0003												
1* Legal name of entity (or individual) for whom the EIN is being requested Sample Road Investments LLC																
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name														
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 105 Foulk Road		5a Street address (if different) (Do not enter a P.O. box)														
4b* City, state, and ZIP code Wilmington DE 19803 -		5b City, state, and ZIP code														
6* County and state where principal business is located County Broward County State FL																
7a Name of principal officer, general partner, grantor, owner, or trustor Daniel McColom		7b SSN, ITIN, EIN 188-40-3248														
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ► <input checked="" type="checkbox"/> Other (specify) ► Single Member LLC <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Trust (SSN of grantor)</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> REMIC</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Group Exemption No. (GEN) ►</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> </table>					<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> National Guard	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> State/local government	<input type="checkbox"/> REMIC	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Group Exemption No. (GEN) ►		<input type="checkbox"/> Indian tribal government/enterprises	
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<input type="checkbox"/> REMIC	<input type="checkbox"/> Federal government/military															
<input type="checkbox"/> Group Exemption No. (GEN) ►																
<input type="checkbox"/> Indian tribal government/enterprises																
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country												
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ► Real Estate <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ►		Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Created a pension plan (specify type) ►														
10* Date business started or acquired (month, day, year) AUG 2 2005		11 Closing month of accounting year DEC														
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) .....																
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" .....		Agriculture 0	Household 0	Other 0												
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify) <input type="checkbox"/> Retail																
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate																
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c																
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► Trade name ►																
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) <input type="checkbox"/> City and state where filed <input type="checkbox"/> Previous EIN																
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																
Third Party Designee	Designee's name Evelyn Woerner		Designee's telephone number (include area code) ( 302 ) 888 - 6839													
	Address and ZIP code 222 Delaware Ave 10th <u>Wilmington DE 19801</u>		Designee's fax number (include area code) ( 302 ) 888 - 6989													
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)														



**Internal Revenue Service**  
DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

30008300

#L05000077123

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## Federal Tax ID / EIN

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This is your provisional Employer Identification Number:

**20-3844711**

Today's Date is: November 28, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click here to return to the Internet Employer Identification Number landing (start) page.