


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90085 016 \*\*\*\*50.00

<b>DOCUMENT # L05000087731</b>					
<b>1. Entity Name</b> SAM CAPITAL, LLC					
<b>Principal Place of Business</b> 2577 NW 59TH STREET BOCA RATON, FL 33496			<b>Mailing Address</b> 2577 NW 59TH STREET BOCA RATON, FL 33496		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07182006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SHAPIRO, KENNETH W ESQ. 1776 N PINE ISLAND ROAD SUITE 308 FORT LAUDERDALE, FL 33322				Name <b>DANIEL VERNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2577 NW 59 ST</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33496</b>	
<b>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.</b>					
SIGNATURE <u><i>Daniel Verner</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><b>DANIEL VERNER</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><b>7/18/06</b></u> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAM CAPITAL MANAGEMENT, INC. 2577 NW 59TH STREET BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DANIEL VERNER 2577 NW 59TH ST BOCA RATON, FL 33496	<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
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
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
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Daniel Verner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><b>DANIEL VERNER</b></u> <u><b>7/18/06</b></u> <u><b>(561) 241-2997</b></u> <small>Date    Daytime Phone #</small>		