2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90029 034 ****50.00

DOCUMENT # L05000122987

1. Entity Name
SAMY CO., LLC

Principal Place of Business	Mailing Address
8815 N.W. 33 STREET, SUITE 100 MIAMI, FL 33172	701 BRICKELL AVNEUE, SUITE 3000 MIAMI, FL 33131

02032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
8815 NW 33rd St	SAME
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33172 Country: USA	Zip Country

4. FEI Number 20-[illegible]627417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131	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] 3-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAMY HOLDING COMPANY 8815 NW 33 STREET MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] Joseph M Lattuca 3-30-06 (786) 282-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #