

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 13, 2006 8:00 am
Secretary of State**

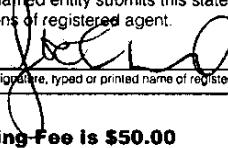
04-13-2006 90029 034 ****50.00

DOCUMENT # L05000122987		
1. Entity Name SAMY CO., LLC		

Principal Place of Business 8815 N.W. 33 STREET, SUITE 100 MIAMI, FL 33172	Mailing Address 701 BRICKELL AVNEUE, SUITE 3000 MIAMI, FL 33131
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2. Principal Place of Business 8815 NW 33rd St	3. Mailing Address Same		
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.		
City & State Miami FL	City & State		
Zip 33172	Country USA	Zip	Country
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131		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 reinstating)

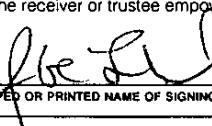
DATE 3-30-06

**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	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMY HOLDING COMPANY		
STREET ADDRESS	8815 NW 33 STREET		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: 

JOSEPH M. LATTURE

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

Date

Daytime Phone #

3-30-06 282-0918 (786)