


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

507068901543
 FILED 03-07-2007 90216027****50.00
 SECRETARY OF STATE 07-12-2007 90009039****50.00
 DIVISION OF CORPORATIONS L06000054406

DOCUMENT # L06000054406					
1. Entity Name 10777 W. SAMPLE ROAD #316, LLC					
Principal Place of Business 11161 N.W. 24TH STREET CORAL SPRINGS, FL 33065		Mailing Address 11161 N.W. 24TH STREET CORAL SPRINGS, FL 33065			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
M & W AGENTS, INC. 2101 CORPORATE BOULEVARD, SUITE 107 BOCA RATON, FL 33431		Name <u>Catherine McDonnell MGR</u>			
		Street Address (P.O. Box Number is Not Acceptable) <u>1161 NW 24th St</u>			
		City <u>Coral Springs FL 33065</u>			
		State <u>FL</u> 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 <u>Catherine McDonnell MGR</u>		DATE <u>July 10, 2007</u>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Catherine McDonnell MGR</u> <input type="checkbox"/> Delete <u>1161 NW 24th St</u> <u>Coral Springs FL 33065</u>		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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REINSTATEMENT 2007					
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: <u>Catherine McDonnell</u>		Date <u>July 5, 2007</u>		Outtime Phone # <u>954-873-6598</u>	