

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 020 \*\*\*\*50.00

DOCUMENT # L06000060244

1. Entity Name

SAMAH PROPERTIES, LLC



Principal Place of Business

2637 ASHTON ROAD  
SARASOTA FL 34231

Mailing Address

P O BOX 19512  
SARASOTA FL 34276

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

HART, MARILYN  
21237 EDGEWATER DRIVE  
PORT CHARLOTTE FL 33952

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 terminating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: ADKINS, SUSAN  
STREET ADDRESS: 4350 BONNIE BRAE AVE.  
CITY, ST, ZIP: VANDALIA OH 45377

TITLE: MGR ☐ Delete  
NAME: HART, MARILYN  
STREET ADDRESS: 21237 EDGEWATER DRIVE  
CITY, ST, ZIP: PORT CHARLOTTE FL 33952

TITLE: ☐ Delete  
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CITY, ST, ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

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CITY, ST, ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Marilyn Hart* MARILYN HART MAR, 3-20-07

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

Date

Daytime Phone #