



FILED  
May 21, 2007 8:00 am  
Secretary of State

04-27-2007 90038 034 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L06000073923</b>		
1. Entity Name SAMIYAMIK, LLC		
Principal Place of Business 2240 PALM BEACH LAKES WEST PALM BEACH, FL 33409		Mailing Address 2240 PALM BEACH LAKES WEST PALM BEACH, FL 33409
2. Principal Place of Business - No P.O. Box # 2240 Palm Beach Lakes Blvd Suite, Apt. #, etc. Suite 400 City & State West Palm Beach FL Zip 33409 Country		3. Mailing Address 2240 Palm Beach Lakes Blvd Suite, Apt. #, etc. Suite 400 City & State West Palm Beach FL Zip 33409 Country
04262007 Chg-LLC CR2E083 (12/06)		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHARDS, WAYNE M 2001 BROADWAY, SUITE 101 RIVIERA BEACH, FL 33404		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: _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input type="checkbox"/> Delete NAME MINNS, MYLES STREET ADDRESS 2240 PALM BEACH LAKES CITY-ST-ZIP WEST PALM BEACH, FL 33409		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM <input type="checkbox"/> Delete NAME WINGATE, TIMOTHY L SR. STREET ADDRESS 2240 PALM BEACH LAKES CITY-ST-ZIP WEST PALM BEACH, FL 33409		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <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:  Myles Minns 4-26-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		