

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 26, 2008  
Secretary of State**

DOCUMENT# L07000047140

Entity Name: SAMAL MANAGEMENT, LLC

**Current Principal Place of Business:**

19963 NE 19TH PLACE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

19963 NE 19TH PLACE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 26-0158510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROZENCWAIG, NADEL & FERRERO-CARR, LLP  
301 W. HALLANDALE BEACH BOULEVARD  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SZAPIRO, DOV  
Address: 19963 NE 19TH PLACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR ( ) Delete  
Name: SZAPIRO, DARYL  
Address: 19963 NE 19TH PLACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOV SZAPIRO

MGR

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date