2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094816

Entity Name: SAMURAI SAMMY, LLC

FILED Apr 06, 2009 Secretary of State

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

3039 CAPRI ISLE WAY 2929 MAGNOLIA BLOSSOM CIR ORLANDO, FL 32835

CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

13900 CR 455 2929 MAGNOLIA BLOSSOM CIR

109A CLERMONT, FL 34711 CLERMONT, FL 34711

FEI Number: 26-1083936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHAN, JEFFRY SHAGDARSUREN, GALYA 3039 CAPRI ISLE WAY 2929 MAGNOLIA BLOSSOM CIR CLERMONT, FL 34711 ORLANDO, FL 32835 US

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: GALYA SHAGDARSUREN 04/06/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete

NATSAGDORJ, NARANTSATSRAL NATSAGDORJ, NARANTSATSRAL Name: Name: 2929 MAGNOLIA BLOSSOM CIR Address:

13900 CR 455 # 109A Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: KEELER, SARANTSATSRAL Name: KEELER, SARANTSATSRAL Address:

3039 CAPRI ISLE WAY Address: 2929 MAGNOLIA BLOSSOM CIR City-St-Zip: ORLANDO, FL 32835 City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete Title: MGRM (X) Change () Addition SHAGDARSUREN, GALYA Name: SHAGDARSUREN, GALYA Name: 3039 CAPRI ISLE WAY Address: Address: 2929 MAGNOLIA BLOSSOM CIR

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: CLERMONT, FL 34711

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: GALYA SHAGDARSUREN 04/06/2009