

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L38000002637		
1. Entity Name 11150 WEST SAMPLE, L.C.		
Principal Place of Business 2846 CORAL SPRINGS DR. CORAL SPRINGS FL 33071		Mailing Address P.O. BOX 771238 CORAL SPRINGS FL 33077
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

FILED
Jan 29, 2004 08:00 AM
Secretary of State
JAN 27 2004
BY:



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EMO CORPORATE SERVICES, INC. 120 E. PALMETTO PARK RD. SUITE 450 BOCA RATON FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

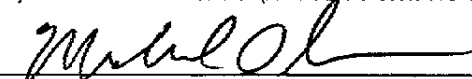
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLIVER, MICHAEL 2846 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000021211 01/23/04-80098-017 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

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

Date

County Phone #