## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 02, 2004 08:00 AM **Secretary of State** DOCUMENT # M02000003340 1. Entity Name SAMSON MANAGEMENT LLC Mailing Address Principal Place of Business 97-77 QUEENS BLVD., ROOM 710 97-77 QUEENS BLVD., ROOM 710 REGO PARK, NY 11374 REGO PARK, NY 11374 01052004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0547954 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAXMAN, MARK DO NOT WRITE 1001 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME GOLDSTEIN, MICHAEL 1/0/000025593 02/02/04-80110-022 50.00 STREET ADDRESS 97-77 QUEENS BLVD., ROOM 710 CITY-ST-ZIP REGO PARK, NY 11374 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY+ST-ZIP THLE

This filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the suppowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information sumplied wi indicated on this report is true and ac limited liability company or the receivable.

SIGNATURE AND TYPED OR PR

NAME STREET ADDRESS CITY-ST-ZIP TITLE MARAF STREET ADDRESS CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED