

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

01-15-2003 90053 032 ****50.00
M02000003340

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 15 PM 2:14

DOCUMENT # **M02000003340**

1. Entity Name

SAMSON MANAGEMENT LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

97-77 QUEENS BLVD

Suite, Apt. #, etc.

710

3. Mailing Address

97-77 QUEENS BLVD

Suite, Apt. #, etc.

710

DO NOT WRITE IN THIS SPACE

City & State
REBO PARK NY

City & State
REBO PARK NY

4. FEI Number

01-0547954

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK WAXMAN

Street Address (P.O. Box Number is Not Acceptable)

1001 SOUTH FLAGLER DRIVE

City

WEST PALM BEACH FL

Zip Code

33401

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMBER / MANAGER
MICHAEL GOLDSTEIN
97-77 QUEENS BLVD
REBO PARK NY 11374**

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CITY-ST-ZIP

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IN THIS SPACE**

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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

MICHAEL GOLDSTEIN 1/7/03 (718) 830 0131

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

Daytime Phone #