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Secretary of State
01-18-2005 90184 034 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/

DOCUMENT # M04000002388

1. Entity Name
SAMPLE EXECUTIVE CENTER, LLC

Principal Place of Business	Mailing Address
190 NORTH CAMPASS DR. FT. LAUDERDALE, FL 33308	190 NORTH CAMPASS DR. FT. LAUDERDALE, FL 33308

30000366

01032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0918374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COPPOLA, PATRICE
190 NORTH CAMPASS DR. ← Compass
FT. LAUDERDALE, FL 33308

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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 _____ DATE
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR, President
NAME	COPPOLA, ROBERT
STREET ADDRESS	190 NORTH CAMPASS DR. ← Compass
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	Treasurer
NAME	Patrice Coppola
STREET ADDRESS	190 North Compass Drive
CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patrice M. Coppola Patrice M. Coppola 1/3/05 (954) 772-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #