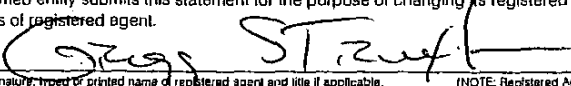
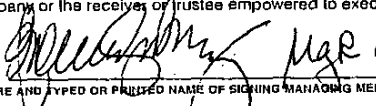


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000003482					
1. Entity Name SIMON OFFENBERG LLC					
Principal Place of Business 4635 RICHMOND RD # 105 WARRENSVILLE HEIGHTS, OH 44128			Mailing Address 2248 FIRST ST. FT. MYERS, FL 33901		
2. Principal Place of Business		3. Mailing Address 4635 Richmond Rd.		FILED 04 OCT 21 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #105			
City & State		City & State Warrensville Heights, OH			
Zip	Country	Zip	Country		
44128		USA		4. FEI Number 65-1088075	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WINESETT, RICHARD W 2248 FIRST ST. FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Bolanos Truxton, P.A. Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive Suite 350 City Ft. Myers FL Zip Code 33907		
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 9/27/04 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OFFENBERG, BERNARD D ☐ Delete 4635 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMON, SIDNEY M ☒ Delete 4635 RICHMOND RD WARRENSVILLE, OH 44128			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMENDED 2004 A R.			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				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:  MGR.				Date 9/27/04 Daytime Phone #	