2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000003482

1. Entity Name
SIMON OFFENBERG LLC

FILED
04 OCT 21 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4635 RICHMOND RD # 105 WARRENSVILLE HEIGHTS, OH 44128	2248 FIRST ST. FT. MYERS, FL 33901

09222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #105
City & State	City & State Warrensville Heights, OH
Zip / Country	Zip 44128 / Country USA

4. FEI Number 65-1088075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINESETT, RICHARD W 2248 FIRST ST. FT. MYERS, FL 33901	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 Greg ST Trux 9/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 4635 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SIMON, SIDNEY M 4635 RICHMOND RD WARRENSVILLE, OH 44128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AMENDED	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800041475778 10/21/04--01008--012 **60.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2004	☐ 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: Mgr. 9/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #