

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90021 035 \*\*\*\*50.00

**DOCUMENT # L02000009925**

1. Entity Name  
SIMHI, L.L.C.



Principal Place of Business  
11900 BISCAYNE BLVD., SUITE 801  
NORTH MIAMI, FL 33181

Mailing Address  
11900 BISCAYNE BLVD., SUITE 801  
NORTH MIAMI, FL 33181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
81-0558353

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

REINHARD, SANFORD N P.A.  
2875 N.E. 191ST STREET, SUITE 404  
AVENUTRA, FL 33180

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME WESTFIELD FINANCIAL CORP, INC.  
STREET ADDRESS 11900 BISCAYNE BOULEVARD #801  
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☐ Delete

TITLE MGR/Member  
NAME Westfield Financial Corp Inc  
STREET ADDRESS 11900 Biscayne Blvd, #801  
CITY-ST-ZIP N. Miami, FL 33181 ☒ Change ☐ Addition

TITLE MGR  
NAME AMBROSIO, MICHAEL  
STREET ADDRESS 11900 BISCAYNE BOULEVARD #801  
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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: John H. Lee, Corp Secretary, LLC 2/16/06 305 899 8187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #