

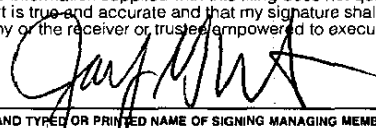


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 045 ****50.00

DOCUMENT # L02000021771					
1. Entity Name SIMBABEAR, LLC					
Principal Place of Business 1200 NORTH FEDERAL HWY., STE. 301 BOCA RATON, FL 33432			Mailing Address 1200 NORTH FEDERAL HWY., STE. 301 BOCA RATON, FL 33432		
2. Principal Place of Business 3351 NW 2nd Ave Suite, Apt. #, etc.		3. Mailing Address 3351 NW 2nd Ave Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		04262004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 82-0559833		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MUSKAT, JACLYN G ESQ. 1200 NORTH FEDERAL HWY., STE. 301 3351 NW 2nd Ave BOCA RATON, FL 33432 Boca Raton FL 33431			7. Name and Address of New Registered Agent Name MUSKAT, JACLYN G ESQ. Street Address (P.O. Box Number is Not Acceptable) 3351 NW 2nd Ave City Boca Raton FL Zip Code 33431		
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSKAT, JACLYN G 1200 NORTH FEDERAL HWY., STE. 301 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3351 NW 2nd Ave Boca Raton FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBOW, ALLEN H 1200 NORTH FEDERAL HWY., STE. 301 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3351 NW 2nd Ave Boca Raton FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAHEEN, WILLIAM M 1200 NORTH FEDERAL HWY., STE. 301 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3351 NW 2nd Ave Boca Raton FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #