2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L02000021771

Entity Name: SIMBABEAR, LLC

Current Principal Place of Business:

3351 NW 2ND AVE
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3351 NW 2ND AVE
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 82-0559833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSKAT, JACLYN G ESQ.
3351 NW 2ND AVE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LIBOW, ALLEN H ESQ.
3351 NW 2ND AVE
BOCA RATON, FL 33431 US

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.

SIGNATURE: ALLEN H. LIBOW 04/20/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: MUSKAT, JACLYN G
Address: 3351 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete
Name: LIBOW, ALLEN H
Address: 3351 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete
Name: SHAHEEN, WILLIAM M
Address: 3351 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALLEN H. LIBOW MGR 04/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date