

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000017553**

1. Entity Name  
**PHIL SIMON, LLC**



Principal Place of Business      Mailing Address

**3451 TWINBERRY CT.  
 BONITA SPRINGS, FL 34134**      **3451 TWINBERRY CT.  
 BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**38-3681248**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, PHIL  
 3451 TWINBERRY CT.  
 BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**

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, 2006**

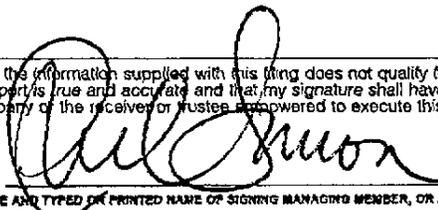
000000445627  
 03/07/06-80056-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMON, PHIL MGR 3451 TWINBERRY CT. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**       **2/21/06 239-405-031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #