

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027263

Entity Name: SIMSATIONAL HOMES LLC

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

16119 VIA MONTEVERDE
DELRAY BEACH, FL 33446

New Principal Place of Business:

3197 NORTH OASIS DRIVE
BOYNTON BEACH, FL 33426

Current Mailing Address:

16119 VIA MONTEVERDE
DELRAY BEACH, FL 33446

New Mailing Address:

3197 NORTH OASIS DRIVE
BOYNTON BEACH, FL 33426

FEI Number: 20-0110622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEVENSTEIN, LEONARD
Address: 16119 VIA MONTEVERDE
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVENSTEIN, LEONARD
Address: 3197 NORTH OASIS DRIVE
City-St-Zip: BIOYNTON BEACH, FL 33426

Title: MGR () Change (X) Addition
Name: MCKEAN, RANDOLPH A
Address: 6401 S W 87 AVENUE, SUITE 212
City-St-Zip: MIAMI, FL 33173

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: RANDOLPH A MCKEAN

MGR

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date