


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90215 010 ****50.00

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| DOCUMENT # L03000027263 |  |
| 1. Entity Name SIMSATIONAL HOMES LLC | |

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| Principal Place of Business 3197 NORTH OASIS DRIVE BOYNTON BEACH FL 33426 | Mailing Address 3197 NORTH OASIS DRIVE BOYNTON BEACH FL 33426 |
|---|---|

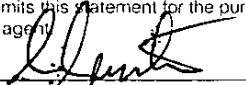
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|---|-----------------------------------|
| 2. Principal Place of Business 7317 CARMELA WAY | 3. Mailing Address same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|------------------------|
| City & State DeLray Beach, FL | City & State |
| Zip 33446 | Country U.S. |

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| 4. FEI Number 20-0110622 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | |
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| 7. Name and Address of New Registered Agent Name LEONARD L. LEVENSTON Street Address (P.O. Box Number is Not Acceptable) 7317 CARMELA WAY City DeLray Beach FL Zip 33446 | |
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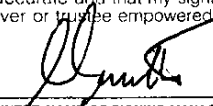
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|---|-----------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 4-4-06 |

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| <p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006</p> | |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete MGR LEVENSTEIN, LEONARD 3197 NORTH OASIS DRIVE BOYNTON BEACH FL 33426 7317 CARMELA WAY DeLray Beach, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete MGR MCKEAN, RANDOLPH A 6401 S W 87 AVENUE, SUITE 212 MIAMI FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition MGR LEVENSTEIN, LEONARD 7317 CARMELA WAY DeLray Beach, FL 33446 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | |
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| SIGNATURE:  | Date 4.4.06 | Daytime Phone # 561-579-0800 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |