## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 10, 2008 08:00 Al Secretary of State **DOCUMENT # L03000027263** 1. Entity Name SIMSATIONAL HOMES LLC Principal Place of Business Mailing Address 7317 CARMELA WAY 7317 CARMELA WAY DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 04082008 No Chg-LLC CR2E083 (12/07) DOMONIA PRITER PROPERTY SAMON Applied For 4. FEI Number 20-0110622 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVENSTEN, LEONARD L LONDE WENTE 7317 CARMELA WAY DELRAY BEACH, FL 33446 ALTHIS 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE U00000888360 04/22/08-88024-024 13**8.**75 NAME LEVENSTEIN, LEONARD STREET ADDRESS 7317 CARMELA WAY CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DI NOT WATE CITY-ST-ZIP TOTALS STATE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP