


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 002 ****50.00

DOCUMENT # L03000028709	
1. Entity Name SIMART, LLC	

Principal Place of Business 1515 SAN REMO AVENUE, UNIT E-9 CORAL GABLES, FL 33146	Mailing Address 1515 SAN REMO AVENUE, UNIT E-9 CORAL GABLES, FL 33146
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2. Principal Place of Business 15200 SW 88 Ave.	3. Mailing Address 15200 SW 88 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto Bay, FL	City & State Palmetto Bay FL
Zip 33157	Country USA
Zip 33157	Country Mia. Dado



04192004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, STE. 125 CORAL GABLES, FL 33146	
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4. FEI Number 20-6309892	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Henry Drevich</u> DATE <u>4-20-04</u>	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Henry Drevich 15200 SW 88 Ave Palmetto Bay, FL 33157 <input type="checkbox"/> Delete	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 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 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: <u>Henry Drevich</u> HENRY DREVICH	Date <u>4-20-04</u> 305-259-8370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	