

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032950

Entity Name: A.T. SIMON, LLC

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

7850 S.W. 20TH STREET  
MIAMI, FL 33155

## New Principal Place of Business:

409 COUNTRY MEADOWS WAY  
BRADENTON, FL 34212

## Current Mailing Address:

7850 S.W. 20TH STREET  
MIAMI, FL 33155

## New Mailing Address:

409 COUNTRY MEADOWS WAY  
BRADENTON, FL 34212

FEI Number: 20-0222901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SIMON, ARTURO  
7850 SW 20TH STREET  
MIAMI, FL 33155      US

## Name and Address of New Registered Agent:

SIMON, ARTURO  
409 COUNTRY MEADOWS WAY  
BRADENTON, FL 34212      US

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: ARTURO SIMON

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: SIMON, ARTURO T  
Address: 7850 S.W. 20TH STREET  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: SIMON, ARTURO T  
Address: 409 COUNTRY MEADOWS WAY  
City-St-Zip: BRADENTON, FL 34212

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARTURO SIMON

MGR

05/01/2007

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