


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034024 1. Entity Name SIMPLIFIED HOME FINANCING SOLUTIONS, LLC	
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Principal Place of Business 12953 PRESTWICK DRIVE RIVERVIEW, FL 33569 US	Mailing Address 12953 PRESTWICK DRIVE RIVERVIEW, FL 33569 US
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0891466	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OLIVER, BONNIE J 12953 PRESTWICK DRIVE RIVERVIEW, FL 33569
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**DO NOT WRITE
IN THIS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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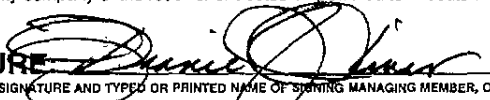
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, BONNIE J 12953 PRESTWICK DRIVE RIVERVIEW, FL 33569
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IN THIS SPACE**

U00000250446
03/04/05-80009-016 55.00

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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	03/01/05 (813) 671-6993 <small>Date Daytime Phone #</small>
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