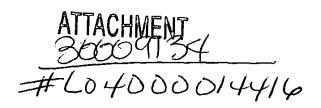
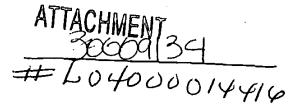
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 30, 2006 8:00 am Secretary of State

DOCUMENT # L04000014416 1. Entry Name SAN SIMEON VILLAGE LLC							04-26-20	06 901 48 (033 ***	**50.00
Principal Place of Business 230 PALERMO AVENUE CORAL GABLES, FL 33134			Mailing Address 230 PALERMO AVENUE CORAL GABLES, FL 33134			30009134				
2. Principal Place of Business ,			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192006	Chg-LLC	CR2E083	3 (11/05)	
City & State			City & State			INJAPAK	er EXYYOR 20-493	3672		oplied For X Applicable
Zip		Country	Zip	Coun	try		e of Status Desired	\$:	5.00 Add e Require	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
KORGE, CHRISTOPHER G 230 PALERMO AVENUE CORAL GABLES, FL 33134					Street Address (I	P.O. Box Numb	per is Not Acceptable	(e)		
					City			FL	Zip Cod	•
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.										and accept
SIGNATURE	Signature, typed	f or Diffrance content of the parties of a grant and	Glickt) widesdapple in edulon	Pegistare	d Agent signature required	when reinstating)		DATE		
		is \$50.00 y 1, 2006						re check pay a Departmen		•
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
THEF NAME	MGRM KORGE	CHRISTOPHER G	☐ Delete	TITLE	i i			C	Change	Addition
STREET ADDRESS CHTY-ST-7IP	ELADRESS 230 PALERMO AVENUE			STRE	ET ADORESS -ST-ZIP					
THE NAME			☐ ()elete	DILE	- 1			Č) Change	Addition
STREET AUDRESS CHY ST-ZP				STRE	ET ADDRESS - S1-ZIP					
TITLE			☐ Delete	TITLE			,	Ĺ	Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS ST-ZIP					
MILE			☐ Delete	TITLE	I .			C] Change	Addition
STREET ADDRESS CHY-ST-ZIP				STREI	ET ADORESS ST-ZIP					j
TATLE IN ARMS			Oelete	THTLE	1			Ĺ	Change	Addition
STREET ADDRESS					T ALORESS ST-ZIP					
TOTLE NAME			☐ Delete	TITLE	I .			C	Change	Addition
STREET ADURESS CHY-ST-ZIP				4	EL ADDRESS					
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 of trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.									mation of the	
SIGNATURE: 4/20/06 305-444-45333									3	



Form S	S-4	Application for	Employ	er Identification	n Number	E	iN		
(Rev. Dece	Rev. December 2001) (For use by employers, corporations, partnerships, trusts, estates, churches, partnerships trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)						33672		
Treasury							OMB No. 1545-0003		
1* Legal	name of entity (or ind	ividual) for whom the EIN is being	requested						
	Simeon Village LLC name of business (if d	ifferent from name on line 1)		3 Executor, trustee, "ca	re of name				
				5a Street address (if different) (Do not enter a P.O. box)					
Mailing address (room, apt., suite no. and street, or P.O. box) - 230 Palermo Avenue									
4b* City, state, and ZIP code Coral Gables FL 33134 -				5b City, state, and ZIP code					
6* County County		ncipal business is located ate FL							
		eneral partner, grantor, owner, or	trustor	7b SSN, ITIN, EIN 262-31-5720	······································				
8a* Type	of entity (check only	one)		(SSN of decedent)					
Sole P	roprietor (SSN)	•		dministrator (SSN) SSN of grantor)					
***	ration (enter form nurr	nber to be filed) >		al Guard	State/local gove	rnment			
	nal Service			rs' cooperative	Federal governr	nent/military			
Church	n or church-controlled nonprofit organization	organization	REMIC		Indian tribal gov	emment/enterpris	ses		
Other ((specify) P Limited I	(specny) > Liability Co	Group Exe	emption N0. (GEN)					
b Ifaco		tate or foreign country	State FL		Foreign count	try			
Reaso	n for applying (check	only one)		Banking purpose (specify	pumose) >				
	t new business (speci	ify type)	· r	Changed type of organiza	ation (specify new type	e) 🟲			
Real	Estate		_	Purchased going busines					
_ Hirea e	employees (Check the lance with IRS withho	box and see line 12)	ا	Created a trust (specify ty	/pe) ►				
Other (specify)	iong regulations	•	Created a pension plan (s	specity type) >				
10* Date	business started or ac	equired (month, day, year)		11 Closing month of acc	counting year				
	JAN 1 2006 ate wages or appuitie	s were paid or will be paid (month	h day year) N	DEC	lding point and all				
ncome wi	ll first be paid to nonre	esident alien. (month, day, year) .			noing agent, enter dat _	е			
3 Highes	st number of employe	es expected in the next twelve maployees during the period, enter	onths Note: If II	ne applicant	Agriculture 0	Household 0	Other 0		
4* Checi	k box that best describ	bes the principal activity of your b	ousiness		social assistance	Wholesale-a	gent/broker		
Constr	uction Renta state Manu	al & leasing Transportat		sing Accommodati	on & food service	Wholesale-o			
	specify)								
5* Indica Real E	te principal line of me	erchandise sold; specific construc	tion work done	products produced; or se	rvices provided.		···· —		
6a* Has	the applicant ever ap	plied for an employer identification	n number for th	is or any other business?	Гү	es V No			
	es" <i>please complete li</i> checked "Yes" on lin	nes 160 and 16c e 16a, give applicant's legal nam	ne and trade no	me shown on prior analica	tion if different from the	no 1 or 2 about			
Legal nar	ne 🕨	gir o oppioont o togo! Hatt	io una daug Na	эпони он риог арриса	won a macicili antil (i	ne 1 Ot 2 20046.			
Trade na									
Approxim	oximate date when, ar late date when filed (n	nd city and state where, the application on the day, year) City and s	cation was filed tate where filed	. ≿nter previous employer I	identification number Previous EIN	if known,			
	Complete section only	if you want to authorize the named inc	dividual to receive	the entity's EIN and answer of	juestions about the comp	eletion of this form			
hird Party	Designee's name								
Designee	Address and ZIP co	de				slephone number (ir	iciude area code		
	FL -				() - Designee's fa	ax number (include :	area code)		



	1()				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true,	Applicant's telephone number (include area code)				
correct, and complete.					
Name and title (type or print clearly)	(305) 444 - 9533				
► Christopher G Korge	Applicant's fax number (include area code)				
Signature ▶ Not Required Date ▶ May 25, 2006 GMT	(305) 444 - 3790				



May 2, 2006

SAN SIMEON VILLAGE LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134

Subject: SAN SIMEON VILLAGE LLC

Reference Number:

L04000014416

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

See Attacked