2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000073153

1. Entity Name
SIMON OFFENBERG 2004 LLC

Principal Place of Business	Mailing Address
5015 SOUTHWEST 17TH AVENUE CAPE CORAL, FL 33914 US	4635 RICHMOND ROAD SUITE 105 WARRENSVILLE HEIGHTS, OH 44128 US

DO NOT WRITE IN THIS SPACE

04182006No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-2694653	Applied For Not Applicabl.

5. Certificate of Status Desired ☐   **$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

OFFENBERG, BERNARD D
5015 SW 17TH AVE
CAPE CORAL, FL 33914

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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_____
    Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	OFFENBERG, BERNARD D
STREET ADDRESS	4206 N OCEAN DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: x _____   x 4/19/06
    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #