


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000073153</b> 1. Entity Name SIMON OFFENBERG 2004 LLC	
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Principal Place of Business 5015 SOUTHWEST 17TH AVENUE CAPE CORAL, FL 33914 US	Mailing Address 4635 RICHMOND ROAD SUITE 105 WARRENSVILLE HEIGHTS, OH 44128 US
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2694653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  OFFENBERG, BERNARD D 5015 SW 17TH AVE CAPE CORAL, FL 33914
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Due by May 1, 2007**

000000757421  
05/23/07-80071-003 50.00

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

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:** Lawrence C. Butler **4/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #