

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90374 046 \*\*\*\*50.00

**60038955**



**DOCUMENT # L05000021546**

1. Entity Name  
 SIMONTON PDC, LC



Principal Place of Business      Mailing Address  
 666 SOUTH MILITARY TRAIL      666 SOUTH MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442 US      DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**333 NE 2nd St**      **333 NE 2nd St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Delray Beach FL**      **Delray Beach FL**  
 Zip      Country      Zip      Country  
**33483**      **USA**      **33483**      **USA**

04032007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**75-3184474**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COREN, GEORGE  
 666 S. MILITARY TRAIL  
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent  
 Name **George Coren**  
 Street Address (P.O. Box Number is Not Acceptable)  
**333 NE 2nd St**  
 City **Delray Beach FL**      Zip Code **33483**

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 *George J Coren*      **George J Coren**      **4/19/07**      DATE

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

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTEN, SCOTT B 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTEN DEVELOPMENT CORP. 666 S MILITARY TR DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach, FL 33483</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>333 NE 2nd St</b> <b>Delray Beach FL 33483</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George J Coren*      **George J Coren**      **4/19/07**      **561 819**      **1109**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #