FILED Mar 23, 2006 8:00 am Secretary of State

ANNUAL REPORT	YY

1. Entity Nam	N AND SIMON, LLC	286			- 	03-23-2006	90269 032 ****5	0.00
Principal Place	e of Business	Mailing Address		L	1			
17390 VIA CAPRI EAST 17390 VIA CAPRI EAST BOCA RATON, FL 33496 BOCA RATON, FL 33496								
DOCK KATON	I, FL 33430	DOCK RATOR, IE 334	30		1 (62)(61)	li Allili Besii Silii Aqili Qar		TE L (() 1881
2. Principal P	face of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132006	Chg-LLC	CR2E083 (11/05)	
City & State	0	City & State			4. FEI Numb	-72072 -	49 100	plied For t Applicable
Zip	Country	Zip	Coun	itry	ì	e of Status Desired	\$5.00 Add	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	d Address of New R	egistered Agent	
FELDMAN					P O Box Numb	per is Not Acceptable	e)	
	CAPRI EAST TON, FL 33496			0.0017.007000		701 10 110 1100 1100 1100 1100 1100 110		
	all miles			City			Zip Code	
O The share	named entity submits this statement for	the suppose of changing its		,	rod agost or be	ath, in the State of Ek		}
	inamed entity submits this statement for ions of registered agent.	the purpose of changing its	register	ea office or register	rea agent, or bo	oin, in the State of Fit	onoa. Tamtamilar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requires	d when reinstating)	. *	_ 1 DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2006						e check payable to a Department of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS,	/CHANGES	
TITLE	MGRM	☐ Delete —	ŤITL				☐ Change	Addition
NAME STREET ADDRESS	FELDMAN, HARVEY 17390 VIA CAPRI EAST		NAW STRI	EET ADDRESS				
CITY+ST-ZIP	BOCA RATON, FL 33496			'-ST-ZIP				
TITLE NAME	MGRM SIMON, HERMAN	☐ Delete	TITL	E .			Change	Addition \
STREET ADDRESS	3720 SO. OCEAN BLVD., #602		1	EET ADDRESS '-ST-ZIP				
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	☐ Delete	TITL				Change	☐ Addition
NAME			NAM				-	-
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (-ST-ZIP				\
TITLÉ		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS			NAM STR	ME Eet address				
CITY-ST-ZIP			cin	/-ST-ZIP				
TITLE NAME ·		☐ Oelete	TITL NAA	- 1			☐ Change	☐ Addition
STREET ADDRESS			STR	EET ADDRESS (-ST-ZIP				
TITLE		☐ Delete	TOTA				_ Change	☐ Addition
NAME STREET ADDRESS.	,	-	NAA STR			٠, ٠		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>		r-ST-ZIP			· ·	
11. I hereby indicated limited lia	certify that the information supplied with ton this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	or the exe the sam report a	emptions contained le legal effect as if l ls required by Chap	l in Chapter 119 made under oat oter 608, Florida), Florida Statutes. Lf th; that I am a mana a Statutes.	urther certify that the info ging member or manage	ormation er of the
SIGNAT	TIPE. Herman	DIMON				3/18/06	9/9-922-	7.347
SIGNAL	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, O	R AUTHORIZED REPRES	ENTATIVE	Date	Daytime Phone #	/