

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 26, 2008 8:00 am
Secretary of State

05-16-2008 90186 016 ***138.75

DOCUMENT # L07000058699 1. Entity Name SIMI VALLEY MOB INVESTORS LLC					
Principal Place of Business 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418 US			Mailing Address 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-1167453	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PIERCE, THOMAS K ESQ. 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINA, MALCOLM S 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/23/08 Date		
			561-691-9900 Daytime Phone		

30009936



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