


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 019 \*\*\*138.75

<b>DOCUMENT # L07000067645</b> 1. Entity Name <b>SIMON HOME CONSTRUCTION LLC</b>					
Principal Place of Business <b>220 TWELVE LEAGUE CIRCLE CASSELBERRY, FL 32707 US</b>			Mailing Address <b>P.O. BOX 181744 CASSELBERRY, FL 32718-1744 US</b>		
2. Principal Place of Business - No P.O. Box # <b>114 ELIZABETH AVE.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008 Chg-LLC CR2E083 (12/06)	
City & State <b>ALTAMONTE SPRINGS, FL</b>		City & State		4. FEI Number <b>26-0437551</b>	
Zip <b>32701</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32701</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMON, STEPHEN D 220 TWELVE LEAGUE CIRCLE CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent Name <b>SIMON, STEPHEN D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>114 ELIZABETH AVE.</b> City <b>ALTAMONTE SPRINGS, FL</b> Zip Code <b>32701</b>	
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 <i>Stephen D Simon</i>		<i>STEPHEN D. SIMON</i>		DATE <b>2-4-08</b>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMON, STEPHEN D P.O. BOX 181744 CASSELBERRY, FL 327181744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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: <i>Stephen D Simon</i>		<i>STEPHEN D. SIMON</i>		DATE <b>2/4/08</b> (321) Daytime Phone # <b>945-7949</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					