


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001222 1. Entity Name SIMKAR LLC	
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Principal Place of Business 700 RAMONA AVENUE PHILADELPHIA, PA 19120-4691	Mailing Address 700 RAMONA AVENUE PHILADELPHIA, PA 19120-4691
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01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2985119	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, WILLIAM J 700 RAMONA AVENUE PHILADELPHIA, PA 191204691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUM, RICHARD L JR. 700 RAMONA AVENUE PHILADELPHIA, PA 191204691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBRECHT, KNUTE 700 RAMONA AVENUE PHILADELPHIA, PA 191204691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DULLUM, DAVID A.R. 700 RAMONA AVENUE PHILADELPHIA, PA 191204691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISSO, MICHAEL A 700 RAMONA AVENUE PHILADELPHIA, PA 191204691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBIN, FRANK W 700 RAMONA AVENUE PHILADELPHIA, PA 191204691

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01/11/05-80043-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/05 215-831-7700