

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001975

1. Entity Name
SIMPSON HOUSING SOLUTIONS, LLC



Principal Place of Business
320 GOLDEN SHORE, SUITE 200
LONG BEACH, CA 90802

Mailing Address
320 GOLDEN SHORE, SUITE 200
LONG BEACH, CA 90802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1547814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SIMPSON HOUSING LIMITED PARTNERSHIP
STREET ADDRESS 8110 E. UNION AVE.
CITY-ST-ZIP DENVER, CO 80237

TITLE MGR ☐ Delete
NAME PINTO, MARC
STREET ADDRESS 8110 E. UNION AVE.
CITY-ST-ZIP DENVER, CO 80237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Elizabeth K. Mayo Elizabeth K. Mayo, Authorized Representative 1/30/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04 FEB -6 AM 8:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400028379304

CSC

CORPORATION SERVICE COMPANY™

M03000001975

ACCOUNT NO. : 072100000032

REFERENCE : 422867 7143690

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia P. Smith

ORDER DATE : February 3, 2004

ORDER TIME : 11:45 AM

ORDER NO. : 422867-005

CUSTOMER NO: 7143690

CUSTOMER: Kathleen Bauer
Simpson Housing Solutions, LLC
320 Golden Shore Drive, #200

Long Beach, CA 90802-4217

BK

FILED
04 FEB -6 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SIMPSON HOUSING SOLUTIONS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

RECEIVED
04 FEB -6 PM 1:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA