2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 APR 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # M03000001975

1. Entity Name
SIMPSON HOUSING SOLUTIONS, LLC

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

06

04182007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $200.00 | BK | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMPSON HOUSING LIMITED PARTNERSHIP 8110 E. UNION AVE. DENVER, CO 80237	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMPSON HOUSING LLLP 8110 E. UNION AVE. DENVER, CO 80237	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PINTO, MARC 8110 E. UNION AVE. DENVER, CO 80237	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	70009853824 7	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2006-2007

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: Angela M Martinez Asst. Rep. 4/20/2007 3032834101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

M03000001975

ACCOUNT NO. : 072100000032

REFERENCE : 867691 7143690

AUTHORIZATION :

COST LIMIT : $ ~~50.00~~

ORDER DATE : April 25, 2007

ORDER TIME : 12:30 PM

ORDER NO. : 867691-005

CUSTOMER NO: 7143690

$255.00
BK

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07 APR 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

BK

NAME: SIMPSON HOUSING SOLUTIONS, LLC

RECEIVED
07 APR 25 PM 12:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____