


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 022 ****50.00

DOCUMENT # M03000003631 1. Entity Name SIMPLIKATE SYSTEMS LLC					
Principal Place of Business 2950 NORTH 28TH TER HOLLYWOOD, FL 33020			Mailing Address 2950 NORTH 28TH TER HOLLYWOOD, FL 33020		
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		01082007 Chg-LLC CR2E083 (12/06)
4. FEI Number 43-1990557				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KALLICHE, ANTHONY ESQ C/O THE CONTINENTAL GROUP, INC 2950 NORTH 28TH TER HOLLYWOOD, FL 33020			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGRP PATEL, TUSHAR V 1110 BAY DR MIAMI BEACH, FL 33441	<input type="checkbox"/> Delete		MGRP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP LINDENBERGER, MATT 19370 COLLINS AVE PH 9 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		MGRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDRICHSEN, JOHN B 2950 N 28TERRACE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS STRUNIN, RICHARD 2950 NORTH 28TH TER HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTENSEN, STEVEN 2950 NORTH 28TH TER HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 1/29/07 Daytime Phone # (954) 925-8200		

Steven J. Christensen