

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005467

FILED
Feb 16, 2004
Secretary of State

Entity Name: SIMS FAMILY ENTERPRISE, L.L.C.

Current Principal Place of Business:

1855 EPPING FOREST WAY S
JACKSONVILLE, FL 32217

New Principal Place of Business:

110 S. SERENATA DRIVE
432
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3645898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SIMS, H.C. III
Address: 1855 EPPING FOREST WAY S
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: SIMS, MARILYN
Address: 1855 EPPING FOREST WAY S
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMS, H.C. III
Address: 110 S. SERENATA DRIVE #432
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Change () Addition
Name: SIMS, MARILYN
Address: 110 S. SERENATA DRIVE #432
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HC SIMS, III

MGRM

02/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date