

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90076 013 ***138.75

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02112008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000005467	
1. Entity Name SIMS FAMILY ENTERPRISE, L.L.C.	



Principal Place of Business 7745 DEERWOOD POINT CT. JACKSONVILLE, FL 32256 US	Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7745 Deerwood Point Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32256	US

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent	
Name Sims, Harvey C. III	
Street Address (P.O. Box Number is Not Acceptable) 7745 Deerwood Point Ct.	
City Jacksonville	FL Zip Code 32256

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 Harvey C. Sims, III <small>Signature, typed or printed name of registered agent and title if applicable.</small>	SIGNATURE Harvey C. Sims, III <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 02/11/2008

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, H. C III 7745 DEERWOOD POINT CT. JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sims, Michael D. 8129 Middle Fork Way Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, MARILYN 7745 DEERWOOD POINT CT. JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Marilyn H. Sims <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		DATE: 02/11/2008 <small>Date</small>	
		DAYTIME PHONE: 904/641-6127 <small>Daytime Phone #</small>	