2001	UNI	LOUM DOS	NESS REPU	וחי	(UDN)	_	**			
DOCUMENT # L0000010387 1. Entity Name							en en			
SIMMONS ESTATE HOMES, L.L.C.							FILED			
							01 JAN 26 AM 10: 39			
Principal Place		Mailing Address	סווום פו	urre one		SECRETARY OF STATE				
RIVIERA BEA		VD Suite 206	4152 W. BLUE HERON BLVD., SUITE 206 RIVIERA BEACH FL 33404				SECRETARY OF STATE TABLEAHASSEE. FLORIDA			
2. Principal P	lace of Busir	ness	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI I	Number		oplied For ot Applicable	
Zip ,		Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired	\$5.00 Add		
	6. Name	and Address of Current F	Registered Agent			7. Nam	e and Address of New Register	ed Agent		
Name										
SIMMONS, ROBERT W JR. 4152 W. BLUE HERON BLVD., SUITE 206					Street Address (P.O. Box Number is Not Acceptable)					
RIVIERA 8	BEACH FL	33404	City				· · · · · · · · · · · · · · · · · · ·	Zip Cod		
The above named entity submits this statement for the purpose of changing its registere						· FL				
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Florida.			
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Register	ed Agent signature requ	ired when reinstat	ting) DA	īE	\	
						· · · · · · · · · · · · · · · · · · ·				
	1		Make Check Pa		FEE IS \$50.0 to Department				1	
9.		MANAGING MEMBE	DC (MEMBERS	10.			ADDITIONS/CHANG	250		
TITLE	MGRM	MANAGING MEMBE	Delete	וווו			ADDITIONS/ CHAIN	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SIMMONS 4152 W.	S, ROBERT W JR. BLUE HERON BLVD., SI	UITE 206		ME EET ADDRESS 7-ST-ZIP					
TITLE	HIVIERA I	BEACH FL 33404	☐ Delete	TITE		·	·	☐ Change	☐ Addition	
NAME				NAA	AE.		500000360	1375	8 l	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP		-01/30/01- 			
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NAME STREET ADDRESS					EET ADDRESS	-	•. •.	•		
CITY-ST-ZIP			·		/-ST-ZIP					
TITLE			☐ Delete	7171	ì			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAN STR	EET ADDRESS					
CITY-ST-ZIP				CITY	/-ST-ZIP					
TITLE NAME	• .		☐ Delete	, TITL NAM			. W	☐ Change	☐ Addition	
STREET AODRESS	:			STRI	EET ADDRESS		\mathcal{M}'			
CITY-ST-ZIP		 ·	Поли	-	/-ST-ZIP		1	Change	Addition	
TITLE NAME			☐ Delete	TITL NAM	i i			☐ Change	Addition	
STREET ADDRESS					EET ADORESS				-	
11. Lbereby c	ertify that the	information supplied with	this filing does not qualify fo	_£	-ST-ZIP	Section 119	07(3)(i) Florida Statutes Liturthor	certify that the in	oformation	
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 accordate 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 ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										