
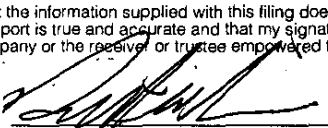


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 025 ****50.00

DOCUMENT # L00000010387 1. Entity Name SIMMONS ESTATE HOMES, L.L.C.					
Principal Place of Business 4152 W. BLUE HERON BLVD., SUITE 206 RIVIERA BEACH, FL 33404			Mailing Address 4152 W. BLUE HERON BLVD., SUITE 206 RIVIERA BEACH, FL 33404		
2. Principal Place of Business 1090 Jupiter Park DR Suite, Apt. #, etc. 101 City & State Jupiter, FL Zip 33458			3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country USA		
4. FEI Number 65-1090542			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04072004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent SIMMONS, ROBERT W JR. 4152 W. BLUE HERON BLVD., SUITE 106 RIVIERA BEACH, FL 33404 6441 River Pointe Way Jupiter, FL 33478			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, ROBERT W JR. 4152 W. BLUE HERON BLVD., SUITE 106 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6441 River Pointe Way Jupiter, FL 33478	<input checked="" 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
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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 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 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: 			Robert W. Simmons Jr		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-8-04 Daytime Phone # 561 741 1944		