2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # L00000014999 1. Entity Name SIMS INVESTMENTS, LLC							01-23-2006 90136 032 ****55.00					
Principal Place of Business 9949 PUOPOLO LN. BONITA SPRINGS, FL 34135			Mailing Address P.O. BOX 188 BONITA SPRINGS, FL 34133						irii 48 212 80 111		E1816 1811 3 (8118 18	1871 MI 1881
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162006	Chg-L	LC	CR2E	E083 (11/05)	
City & State			City & State				4. FEI Num 59-36	ber 88604				plied For t Applicable
Zip	ip Country		Zip Count		try	5. Certificate of Status Desired			\$5.00 Additional Fee Required			
	6. Name	and Address of Current F					7. Name ar	nd Address	of New R	egistered	I Agent	
OULO OTE	-) (F D				Name STEVEN R SIMS							
SIMS, STE 9949 PAO BONITA S	POLO LN		perces	Street Address (P.O. Box Number is Not Acceptable)								
DOMINO	r Kilvoo,	1 L 34103		9949 PUDPOLO LANE								
					CityBo	SN LTI	X SPRI	NGS		F	L Zip Cod	135
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 obligat	ions of regis	tered agent.	1 - 5			, (1.	,	
SIGNATURE .		Jun K.					ins			16/	06	
	Signature Typed	for printed name of registered agent a	nd title il applicable. (NOTE	:: Registere	o Agent signati	ne reduired	when reinstating)	Ţ		DATE		
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2006									payable to ment of State	9
9.		MANAGING MEMBER	RS/MANAGERS	10.				AD	DITIONS/	CHANGE	is .	
TITLE	P		☐ Delete	TITLE	LE P		•				Change	☐ Addition
NAME	SIMS, STEVEN R		NAM			DRESS 9949 P		SIMIS	/ AN	مح	•	
STREET ADDRESS CITY-ST-ZIP					et address † -st-zip	49	149 PU	DALANCE	E,	2111	سرج	
	BONITA SPRINGS, FL 34135					DOV	1 (1) / 2 /	MINGS	1-2	341		
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CITY-ST-ZIP	-ST-ZIP			CITY								
11. I hereby	certify that th	ne information supplied with	this filing does not qualify for	the exe	mptions co	ntained	in Chapter 11	9. Florida St	atutes. I fu	irther cert	tify that the info	ormation
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 peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												er of the
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