

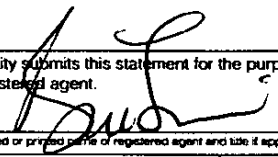
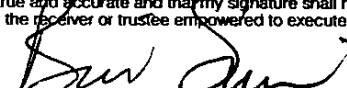


05-08-2006 90032 021 \*\*\*\*50.00

<b>DOCUMENT # L01000000184</b>				<b>Secretary of State</b>	
1. Entity Name <b>SIMS GROUP, LLC</b>		05-08-2006 90032 021 ****50.00			
Principal Place of Business <b>1030 N. ORANGE AVE., SUITE #104 ORLANDO, FL 32801</b>		Mailing Address <b>1030 N. ORANGE AVE., SUITE #104 ORLANDO, FL 32801</b>			
2. Principal Place of Business <b>801 N. MAGNOLIA AVE</b>		3. Mailing Address <b>801 N. MAGNOLIA AVE</b>			
Suite, Apt. #, etc. <b>SUITE 220</b>		Suite, Apt. #, etc. <b>SUITE 220</b>		04292006 Chg-LLC CR2E083 (11/05)	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>36-4410049</b>	
Zip <b>32803</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SIMS, BILL J 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable) <b>8708 SUMMERVILLE PL</b>	
				City <b>ORLANDO</b> FL Zip Code <b>32819</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>4/29/06</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMS, BILL J 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>4/29/06</b>					