2006 LIMITED LIABILITY COMPANY

SIGNATURE:

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L01000000184** 05-08-2006 90032 021 ****50.00 SIMS GROUP, LLC Principal Place of Business Mailing Address 1030 N. ORANGE AVE., SUITE #104 1030 N. ORANGE AVE., SUITE #104 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address 801 N. MAGNOLIA AUG 801 N. MAGNOLIA AUS Suite, Apt. #, etc. Suite. Apt. #. etc. 04292006 Cho-LLC CR2F083 (11/05) SUITE 220 54176 220 City & State City & State 4. FEI Number Applied For ORLANDO FL OKLANDO. 36-4410049 Not Applicable Country 1 Country 115 A \$5.00 Additional 5. Certificate of Status Desired 32803 П 32803 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804 City DRLANDO 8. The above named entity submits this state ment 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 register d agent SIGNATURE Signature, typed or pri agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change Addition SIMS, BILL J NAME NAME SUMMERVILLE PL 8708 STREET ADDRESS 1110 S.W. IVANHOE BLVD., SUITE 5 STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32804 CITY-ST-ZIP DRLA-NDO FL 32819 MLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7P TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP ITILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE Oelete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Detete MILE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 finy 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.

G MANAGING MEINBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

FILED

Daytime Phone #