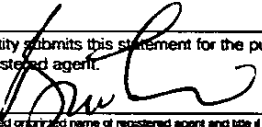
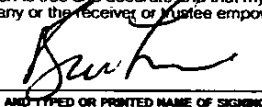


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90032 022 ****50.00

DOCUMENT # L01000000187 1. Entity Name SIMS MANAGEMENT GROUP, LLC					
Principal Place of Business 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804				Mailing Address 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804	
2. Principal Place of Business 801 N. MAGNOLIA AVE Suite, Apt. #, etc. SUITE #220 City & State ORLANDO, FL Zip 32803		3. Mailing Address 801 N. MAGNOLIA AVE Suite, Apt. #, etc. SUITE 220 City & State ORLANDO, FL Zip 32803			
04292006 Chg-LLC CR2E083 (11/05)				4. FEI Number 36-4410050	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMS, BILL J 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8708 SUMMERVILLE PL City ORLANDO FL 32819		
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  DATE 4/29/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, BILL J 1110 SW 1 VANHOE BLVD, STE 5 ORLANDO, FL 32804	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8708 SUMMERVILLE PL ORLANDO, FL 32819	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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:  DATE 4/29/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					