


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000352</b> 1. Entity Name R.R. SIMMONS DESIGN AND CONSTRUCTION, LLC	
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Principal Place of Business 14025 RIVEREDGE DRIVE, SUITE 550 TAMPA, FL 33637	Mailing Address 14025 RIVEREDGE DRIVE, SUITE 550 TAMPA, FL 33637
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02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0016179	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	U000000085874 03/11/04-80065-009 \$5.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMMONS, LINDA O 14025 RIVEREDGE DR., #550 TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.

<b>SIGNATURE:</b> <u>Linda O Simmons, Manager</u> 2/10/04 813-632-5550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2/10/04	Daytime Phone # 813-632-5550
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LINDA O SIMMONS