

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000352

FILED
Apr 28, 2006
Secretary of State

Entity Name: R.R. SIMMONS DESIGN AND CONSTRUCTION, LLC

Current Principal Place of Business:

14025 RIVEREDGE DRIVE, SUITE 550
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

14025 RIVEREDGE DRIVE, SUITE 550
TAMPA, FL 33637

New Mailing Address:

FEI Number: 26-0016179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMMONS, LINDA O
Address: 14025 RIVEREDGE DR., #550
City-St-Zip: TAMPA, FL 33637

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: SIMMONS, LINDA O
Address: 14025 RIVEREDGE DR., #550
City-St-Zip: TAMPA, FL 33637

Title: VST () Change (X) Addition
Name: WEBSTER, MALINDA M VST
Address: 13015 ST FILAGREE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Change (X) Addition
Name: ZEVALLOS, CESAR A
Address: 9113 WOODRIDGE RUN DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA O. SIMMONS

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date