

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-08-2006 90035 027 ****50.00

DOCUMENT # L02000020749	
1. Entity Name SIMS KEY WEST MANAGEMENT, 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
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2. Principal Place of Business 801 N. MAGNOLIA AVE	3. Mailing Address 801 N. MAGNOLIA AVE
Suite, Apt. #, etc. SUITE 220	Suite, Apt. #, etc. SUITE 220
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32803	Country USA



04292006 Chg-LLC CR2E083 (11/05)

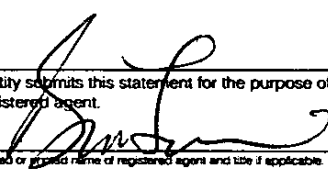
4. FEI Number 13-4207787	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SIMS, BILL J 1110 S.W. IVANHOE 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 Zip Code 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.

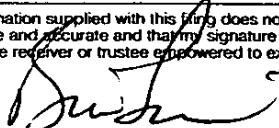
SIGNATURE 	DATE 4/29/06
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**Filing Fee is \$50.00
Due by May 1, 2006**

**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 1110 SW IVANHOE BLVD 5 ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8708 SUMMERVILLE PL ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #