

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90205 001 \*\*\*138.75

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000020749</b>                         |  |
| 1. Entity Name<br><b>SIMS KEY WEST MANAGEMENT, LLC</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>801 N MAGNOLIA AVE<br/>STE 220<br/>ORLANDO FL 32803</b> | Mailing Address<br><b>801 N MAGNOLIA AVE<br/>STE 220<br/>ORLANDO FL 32803</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                                            |                                                 |
|----------------------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>1220 EDGEWATER DR</b> | 3. Mailing Address<br><b>P.O. Box 547898</b>    |
| Suite, Apt. #, etc.<br><b># 9</b>                                          | Suite, Apt. #, etc.<br><b>Orlando, FL 32854</b> |
| City & State<br><b>Orlando, FL</b>                                         | City & State<br><b>Orlando, FL 32854</b>        |
| Zip<br><b>32804</b>                                                        | Country                                         |
| Country                                                                    | Zip                                             |

1st MOORE CR2E083 (10/07)

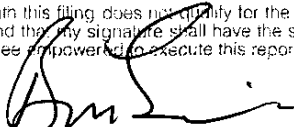
|                                                                                                                                                                               |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>13-4207787</b>                                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                                                                   |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>SIMS, BILL J<br/>8708 SUMMERVILLE PL<br/>ORLANDO FL 32819</b>                                                           |                                                        |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5712 CRESCENT HEIGHTS RIDGE</b><br>City<br><b>FL</b> Zip Code |                                                        |

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<br>Signature, typed or printed name of registered agent and title if applicable                                                                 | (NOTE: Registered Agent signature required when reinstating) | DATE |
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |                                                              |      |

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                         | 10. ADDITIONS/CHANGES                          |                                                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SIMS, BILL<br/>8708 SUMMERVILLE PL<br/>ORLANDO FL 32819</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5712 CRESCENT HEIGHTS RIDGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:<br> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------|-----------------|