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

DOCUMENT # L02000020749

1. Entity Name

SIMS KEY WEST MANAGEMENT, LLC

Principal Place of Business	Mailing Address
801 N MAGNOLIA AVE STE 220 ORLANDO FL 32803	801 N MAGNOLIA AVE STE 220 ORLANDO FL 32803

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1220 EDGEWATER DR	
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: P.O. Box 547898
City & State: Orlando, FL	City & State: Orlando, FL 32854
Zip: 32804 Country:	Zip: Country:

4. FEI Number 13-4207787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMS, BILL J 8708 SUMMERVILLE PL ORLANDO FL 32819	Name: Street Address (P.O. Box Number is Not Acceptable): 5712 Crescent Heights Ridge City: FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
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 8708 SUMMERVILLE PL ORLANDO FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Street Address: 5712 Crescent Heights Ridge
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #