

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 030 ****50.00

DOCUMENT # L02000020751	
1. Entity Name SIMS NEW ORLEANS 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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60036121



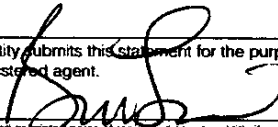
2. Principal Place of Business 801 N. MAGNOLIA AVE SUITE 220 ORLANDO, FL 32803	3. Mailing Address 801 N. MAGNOLIA AVE SUITE 220 ORLANDO, FL 32803
City & State ORLANDO, FL	City & State ORLANDO, FL
Country USA	Country USA

04292006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4207793	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMS, BILL J 1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804	
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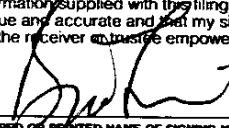
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8708 SUMMERVILLE PL ORLANDO, FL 32819	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/29/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, BILL 1110 SW 10 ANHOE BLVD 5 ORLANDO, FL 32804
☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8708 SUMMERVILLE PL ORLANDO, FL 32819
☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	