2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 04, 2006 8:00 am
Secretary of State
05-04-2006 90020 030 ****50.00

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04292006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
SIMS NEW ORLEANS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804	1110 S.W. IVANHOE BLVD., SUITE 5 ORLANDO, FL 32804

2. Principal Place of Business		3. Mailing Address	
801 N. MAGNOLIA AVE		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	Zip: 32803	Country: USA

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

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 [signature] 4/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 10 ANHOE BLVD 5 ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 8708 SUMMERVILLE PL ORLANDO, FL 32819	☒ 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: [signature] 4/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #