

**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 003 ***138.75

DOCUMENT # L02000020751	
1. Entity Name SIMS NEW ORLEANS MANAGEMENT, LLC	

Principal Place of Business 801 N MAGNOLIA AVE STE 220 ORLANDO FL 32803	Mailing Address 801 N MAGNOLIA AVE STE 220 ORLANDO FL 32803
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2. Principal Place of Business - No P.O. Box # 1280 EDWATER DR #7	3. Mailing Address P.O. Box 547898 Orlando, FL 32854
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City Orlando, FL 32854
Zip 32804	Country

1st MOORE CR2E083 (10/07)

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 8708 SUMMERVILLE PL ORLANDO FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5712 CRESCENT HEIGHTS RIDGE City FL Zip Code
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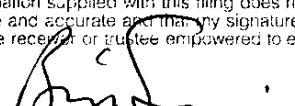
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent Signature Required when reappointing) 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 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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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Capital Paid #