

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-04-2006 90019 048 ****50.00

DOCUMENT # L03000002307

1. Entity Name

SIMS PANHANDLE MANAGEMENT, LLC



Principal Place of Business

1030 N. ORANGE AVENUE
SUITE 104
ORLANDO FL 32801

Mailing Address

1030 N. ORANGE AVENUE
SUITE 104
ORLANDO FL 32801



2. Principal Place of Business

801 N. MAGNOLIA AVE

Suite, Apt. #, etc.

SUITE 220

3. Mailing Address

801 N. MAGNOLIA AVE

Suite, Apt. #, etc.

SUITE 220

1st MOORE

CR2E083 (10/05)

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number

06-1676920

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

6. Name and Address of Current Registered Agent

CAROLAN, J.P. III
390 N ORANGE AVENUE STE. 1500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Sims, Bill J

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SIMS, BILL
STREET ADDRESS 1110 SW IVANHOE BLVD., #5
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8708 SUMMERVILLE PL
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this report 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]

4/29/06