2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # L03000044797 1. Entity Name SIMDEV. LLC Principal Place of Business ___ Mailing Address 712 PALMETTO AVE MELBOURNE, FL 32901 MELBOURNE, FL 32901 03112005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0383757 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARKIN, DAVID G DO NOT WRITE 1900 S. HICKORY ST, STE A MELBOURNE, FL 32901 IN THIS SPACE 3. 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 SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent eignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SIMS, WILLIAM NAME STREET ADDRESS 1280 TUCKAWAY DR. CITY-ST-ZIP ROCKLEDGE, FL 32955 TILE NAME STREET ADDRESS CDY-ST-7/P U00000329322 04/25/05-80111-019 50.00 TIPLE NAME STREET ADDRESS DO NOT WRITE CLTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

FILED