


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000019429**

1. Entity Name  
**SIMANCO 54, LLC**



Principal Place of Business  
**509 GUI SANDO DE AVILA, STE 100  
 TAMPA, FL 33613**

Mailing Address  
**509 GUI SANDO DE AVILA, STE 100  
 TAMPA, FL 33613**

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STRALEY, MARK K ESQ  
 100 E MADISON STREET, SUITE 300  
 TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SR 54 INVESTMENT PROPERTIES LLC 509 GUI SANDO DE AVILA #200 TAMPA, FL 33613
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U00000443295  
 03/04/06-80057-010 50.00

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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:**  **THOMAS H. GRAY**  **2/21/06** **813-963-5886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #