

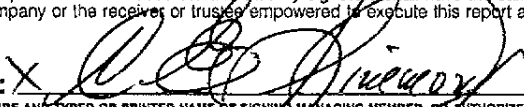


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

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| DOCUMENT # L04000041780 | |  |
| 1. Entity Name SIMMONS & ASSOCIATES LLC | | |
| Principal Place of Business 120 GOLDEN ISLES DR., UNIT 5B HALLANDALE BEACH, FL 33009 | | Mailing Address 120 GOLDEN ISLES DR., UNIT 5B HALLANDALE BEACH, FL 33009 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 04242006 No Chg-LLC CR2E083 (11/05) | | |
| 4. FEI Number 72-1583456 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| SIMMONS, CARLOS 120 GOLDEN ISLES DRIVE, UNIT 5B HALLANDALE BEACH, FL 33009 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMMONS, CARLOS 120 GOLDEN ISLES DR., UNIT 5B HALLANDALE BEACH, FL 33009 | DO NOT WRITE IN THIS SPACE |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> | | |
| <small>Date Daytime Phone #</small> | | |