2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# L05000003326

Entity Name: SIMBOLT, LLC

Current Principal Place of Business:

35 ISLAND DRIVE
SUITE 10
EASTPOINT, FL 32328

New Principal Place of Business:

35 ISLAND DRIVE
SUITE 7
EASTPOINT, FL 32328

Current Mailing Address:

POST OFFICE BOX 386
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YONCLAS, NICHOLAS
35 ISLAND DRIVE
SUITE 10
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

YONCLAS, NICHOLAS
35 ISLAND DRIVE
SUITE 7
EASTPOINT, FL 32328 US

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.

SIGNATURE: NICHOLAS YONCLAS 09/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOLTON, NEAL W
Address: 35 ISLAND DRIVE, SUITE 10, P.O. BOX 386
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM ( ) Delete
Name: PENTON, SIMEON F
Address: 35 ISLAND DRIVE, SUITE 10, P. O. BOX 386
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOLTON, NEAL W
Address: 35 ISLAND DRIVE, SUITE 7, P.O. BOX 386
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM (X) Change ( ) Addition
Name: PENTON, SIMEON F
Address: 35 ISLAND DRIVE, SUITE 17, P. O. BOX 386
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEAL W. BOLTON MGRM 09/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date