

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003326

Entity Name: SIMBOLT, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

35 ISLAND DRIVE
SUITE 7
EASTPOINT, FL 32328

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOLTON, NEAL W
Address: 440 COCHRAN DR. NW
City-St-Zip: ATLANTA, GA 30327

Title: MGRM (X) Change () Addition
Name: PENTON, SIMEON F
Address: 2467 WILDWOOD DR.
City-St-Zip: MONTGOMERY, AL 36111

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: SIMEON F. PENTON

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date