

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000033538</b>              |  |
| 1. Entity Name<br><b>JAMES SIMMONS, LLC</b> |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br><b>1615 E. DESOTO ST<br/>PENSACOLA FL</b> | Mailing Address<br><b>1615 E. DESOTO ST<br/>PENSACOLA FL</b> |
|--------------------------------------------------------------------------|--------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E083 (10/07)

|                                                           |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>                   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                             |

|                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SIMMONS, JAMES<br/>1615 E. DESOTO ST<br/>PENSACOLA FL</b> |  |
|---------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

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 \_\_\_\_\_ (NOTE: Registered agent's printed name and title are required.) DATE \_\_\_\_\_

|                                                           |  |
|-----------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$138.75</b>                        |  |
| <b>After May 1, 2008, Fee Will Be \$538.75</b>            |  |
| <b>Make Check Payable to Florida Department of State.</b> |  |

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SIMMONS, JAMES<br>1615 E. DESOTO ST<br>PENSACOLA FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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02/05/08-80009-003 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 638, Florida Statutes.

SIGNATURE: James Simmons **JAMES SIMMONS** 1/25/08 850-712-5472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE