


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90336 015 \*\*\*\*55.00

<b>DOCUMENT # L06000023310</b> 1. Entity Name <b>SSG-SIMMONS, LLC</b>					
Principal Place of Business <b>5100 W. KENNEDY AVENUE</b> <b>225</b> <b>TAMPA, FL 33609</b>			Mailing Address <b>5100 W. KENNEDY AVENUE</b> <b>225</b> <b>TAMPA, FL 33609</b>		
2. Principal Place of Business - No P.O. Box # <b>27001 US Hwy 19 N</b> Suite, Apt. #, etc. <b>Suite 2095</b>		3. Mailing Address <b>27001 US Hwy 19 N</b> Suite, Apt. #, etc. <b>Suite 2095</b>			
City & State <b>Clearwater, Florida</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>20-4483957</b>	
Zip <b>33761</b>	Country <b>United State</b>	Zip <b>33761</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SIMMONS, T. AUSTIN</b> <b>5100 W. KENNEDY AVENUE</b> <b>225</b> <b>TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>Stuart S. Golding Co.</b> Street Address (P.O. Box Number is Not Acceptable) <b>27001 US Hwy 19 N, Suite 2095</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</b>	
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 <b>Loren M. Pollack</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMMONS, T. AUSTIN 5100 W. KENNEDY AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART S GOLDING CO 27001 US HWY 19 N., SUITE 2095 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART S GOLDING CO 27001 US HWY 19 N., SUITE 2095 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART S GOLDING CO 27001 US HWY 19 N., SUITE 2095 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART S GOLDING CO 27001 US HWY 19 N., SUITE 2095 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: Loren M. Pollack</b> <i>Loren M. Pollack</i> <b>3/30/07</b> <b>727 796-1077</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					