## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000108353

Entity Name: SIMMS PARTNERS, LLC

Address:

City-St-Zip:

FILED Sep 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** CORPORATE CENTER THREE AT INTERNATIONAL PL 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 **Current Mailing Address: New Mailing Address:** 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) 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: Name and Address of New Registered Agent: CFRA, LLC 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete MGRM (X) Change ( ) Addition SIMMS, JOHN L JLS SP TRUST. Name: Name: 2469 DEMERE ROAD, SUITE 114 Address: 2469 DEMERE ROAD, SUITE 114 Address: City-St-Zip: ST. SIMONS ISLAND, GA 31522 City-St-Zip: ST. SIMONS ISLAND, GA 31522 US Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: JLS II SP TRUST, Name: Address: Address: 2469 DEMERE ROAD, SUITE 114 City-St-Zip: City-St-Zip: ST. SIMONS ISLAND, GA 31522 US Title: () Delete Title: MGRM ( ) Change (X) Addition ASO SP TRUST, Name: Name: Address: Address: 2469 DEMERE ROAD, SUITE 114 City-St-Zip: City-St-Zip: ST. SIMONS ISLAND, GA 31522 US Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: BAS SP TRUST. 2469 DEMERE ROAD, SUITE 114 Address: Address: City-St-Zip: City-St-Zip: ST. SIMONS ISLAND, GA 31522 US Title: () Delete Title: MGRM ( ) Change (X) Addition TRUSTS U/W OF DUDLEY, L. SIMMS, III Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

2469 DEMERE ROAD, SUITE 114

ST. SIMONS ISLAND, GA 31522 US

SIGNATURE: CHRISTOPHER GRAHAM, MBR OF TEE OF JLS SP T MGRM 09/05/2007