2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000108353

1. Entity Name
SIMMS PARTNERS, LLC

9/26/08

FILED
09 FEB -3 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
CORPORATE CENTER THREE AT INTERNATIONAL PL 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736	2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522

01272009 REIN-LLC CR2E101 (1/07)

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

4. FEI Number APPLIED FOR 20-8186200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CFRA, LLC 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736	Name: CT Corporation System Street Address: 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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: Terence Hardley Asst. Secretary DATE: 1/27/2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $377.50

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JLS SP TRUST 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700142411897 01/29/09--01041--010 **377.50 ✓
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JLS II SP TRUST 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASO SP TRUST 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BAS SP TRUST 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2008-2009 up 2/3/09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRUSTS U/W OF DUDLEY L. SIMMS, III 2469 DEMERE ROAD, SUITE 114 ST. SIMONS ISLAND, GA 31522	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Trustee 1-28-09 404-974-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #