


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000165	
1. Entity Name J R & P J SIMS, L.L.C.	

Principal Place of Business 9797 ALHAMBRA LANE BONITA SPRINGS, FL 34135	Mailing Address 9797 ALHAMBRA LANE BONITA SPRINGS, FL 34135
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01192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3439014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMS, JAMES R 9797 ALHAMBRA LANE (PO BOX 2387) BONITA SPRINGS, FL 34133

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, JAMES R 9797 ALHAMBRA LANE BONITA SPRINGS, FL 341352387
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, PEGGY J 9797 ALHAMBRA LANE BONITA SPRINGS, FL 341352387
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01/28/04-80084-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Peggy J. Sims</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>1/23/04</u>	Daytime Phone # <u>(239) 992-8003</u>
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