01/12/2001 Date

791.0600

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002214  1. Entity Name SIMMONS LOOP INVESTMENTS, L.L.C.					FILED			
Principal Place of Business Mailing Address 2125 WINDWARD WAY P.O. BOX 15456					O1 JAN 16 AM 2: 25 _SECRETARY OF STATE			
VERO BEACH FL 32963		CLEARWATER FL 33766-5456			ŢALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEIN	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	ip Country		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					
_		· Name	Name -					
TAYLOR, JAMES A III SUITE 200, 5070 N. HIGHWAY A-1-A			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH FL 32963			City			FL Zip Code		
O. The above	named entity submits this statement for				- Late Code of Florida			
SIGNATURE .	Signature, typed or printed name of registered agent a		: Registered Agent signature re	-	<u></u> .	DATE		
		OW!!! FEE IS \$50. yable to Departme		, ; . <b>. *</b>	•			
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHA	ANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING CHARTER CO. 2125 WINDWARD WAY VERO BEACH FL 32963	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAINWRIGHT CAPITAL CORP. P.O. BOX 15456 CLEARWATER FL 33766-5456	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		3000035 -01/26/0 *****55	1010380	□ Addition   010 55.00	
NAME STREET ADDRESS CITY-ST-ZIP		□ 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		W	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE,7 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company in the receiver or trustee	that my signature shall have the empawered to execute this re	he same legal effect as	s if made under	oath: that I am a managing i	her certify that the in member or manager	rofthe	

SIGNATURE: PRESIDENT, KING CHARTER CO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE