

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005263

Entity Name: SIM-G TECHNOLOGIES, LLC

FILED  
Jun 30, 2006  
Secretary of State

**Current Principal Place of Business:**

1411 K STREET NW STE. 900  
WASHINGTON, DC 20005

**New Principal Place of Business:**

**Current Mailing Address:**

1411 K STREET NW STE. 900  
WASHINGTON, DC 20005

**New Mailing Address:**

FEI Number: 71-0930332      FEI Number Applied For ( )      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:**

JENNINGS, KEITH  
6157 NW 167TH STREET STE. F8  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: MCINTOSH, MARK A  
Address: 1411 K STREET NW STE. 900  
City-St-Zip: WASHINGTON, DC 20005

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: DAVIS, WILLIAM W CFO  
Address: 1411 K STREET, NW SUITE 900  
City-St-Zip: WASHINGTON, DC 20005

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

SIGNATURE: WILLIAM W. DAVIS, SR.

CFO

06/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date