


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L05000077145</b> 1. Entity Name <b>SIMCO LLC</b>	
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FILED  
07 MAY 15 AM 11:04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>180 MAR LEN DR MELBOURNE, FL 32951</b>	Mailing Address <b>180 MAR LEN DR MELBOURNE, FL 32951</b>
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DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC		CR2E083 (11/05)	
4. FEI Number <b>20-3242078</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIJAN, SIME  
180 MAR LEN DR  
MELBOURNE, FL 32951**

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IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIJAN, SIME 180 MAR LEN DR MELBOURNE, FL 32951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="font-size: 24px; font-family: cursive;">\$15/23</span>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07--01032--012 \*\*561.25

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:  4/19/07 321-246-1317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SIME DIJAN