

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000024**

1. Entity Name  
**SIMPSON COMMERCIAL PROPERTIES, L.L.C.**



Principal Place of Business  
**441 NORTH DONNELLY STREET  
MOUNT DORA, FL 32757**

Mailing Address  
**441 NORTH DONNELLY STREET  
MOUNT DORA, FL 32757**



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0360351**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMPSON, ROBERT L  
441 NORTH DONNELLY STREET  
MOUNT DORA, FL 32757**

**DO NOT WRITE  
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

*Robert L. Simpson*  
Signature typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000412038**  
**02/10/06-80031-019 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SIMPSON, ROBERT L
STREET ADDRESS	441 NORTH DONNELLY STREET
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	ST
NAME	SIMPSON, CAROL
STREET ADDRESS	441 NORTH DONNELLY STREET
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VP
NAME	SIMPSON, MICHAEL
STREET ADDRESS	441 NORTH DONNELLY STREET
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	SIMPSON, MARK
STREET ADDRESS	441 NORTH DONNELLY STREET
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE

*Robert L. Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

**1/23/2006 (352) 383-2087**