


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000024</b> 1. Entity Name <b>SIMPSON COMMERCIAL PROPERTIES, L.L.C.</b>	
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Principal Place of Business <b>441 NORTH DONNELLY STREET MOUNT DORA, FL 32757</b>	Mailing Address <b>441 NORTH DONNELLY STREET MOUNT DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-0360351</b>	Applied For <input type="checkbox"/> 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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

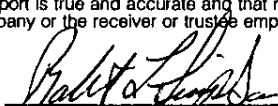
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

000000782942  
01/15/08-80094-020 138.75

**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 608, Florida Statutes.

**SIGNATURE:**  **1-10-08 352-983-3224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #