

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000024

FILED
Feb 18, 2009
Secretary of State

Entity Name: SIMPSON COMMERCIAL PROPERTIES, L.L.C.

Current Principal Place of Business:

441 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

441 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

New Mailing Address:

P O BOX 38
MOUNT DORA, FL 32756

FEI Number: 20-0360351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, ROBERT L
441 NORTH DONNELLY STREET
MOUNT DORA, FL 32757 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: MGRM () Delete
Name: SIMPSON, ROBERT L
Address: 441 NORTH DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: ST () Delete
Name: SIMPSON, CAROL
Address: 441 NORTH DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: SIMPSON, MICHAEL
Address: 441 NORTH DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: SIMPSON, MARK
Address: 441 NORTH DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L SIMPSON

MGR

02/18/2009

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