

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034116

**FILED**  
**Mar 30, 2005**  
**Secretary of State**

**Entity Name:** THOMAS A. SIMSER, JR., P.L.

**Current Principal Place of Business:**

1570 GRACE LAKE CIRCLE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

5036 HAWKSTONE DR  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 916224  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 06-1666564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMSER, THOMAS A JR.  
1570 GRACE LAKE CIRCLE  
LONGWOOD, FL 32750 US

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

SIMSER, THOMAS A JR.  
5036 HAWKSTONE DR  
SANFORD, FL 32771 US

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:**

03/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** SIMSER, THOMAS A JR.  
**Address:** 1570 GRACE LAKE CIRCLE  
**City-St-Zip:** LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SIMSER, THOMAS A JR.  
**Address:** 5036 HAWKSTONE DR  
**City-St-Zip:** SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** THOMAS A. SIMSER, JR.

MGRM

03/30/2005

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