

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012629

FILED
Jan 22, 2007
Secretary of State

Entity Name: SIMPSON DEVELOPMENTS, L.L.C.

Current Principal Place of Business:

3411 OAKMONT DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3411 OAKMONT DRIVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 01-0776895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

SIMPSON, DONALD W
3411 OAKMONT DR
PENSACOLA, FL 32503 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: DONALD WARD SIMPSON

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMPSON, DONALD WARD
Address: 3411 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: SIMPSON, LYDIA
Address: 3411 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: SIMPSON, RAFAEL
Address: 3411 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD WARD SIMPSON

MGR

01/22/2007

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