2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2005
Secretary of State

DOCUMENT# L03000027180

Entity Name: SIMPSON PAULL, PL

Current Principal Place of Business:

3500 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

3500 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 32-0088614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAULL, THOMAS J
3874 BRAMPTON ISLAND CT N
JACKSONVILLE, FL 32224 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/MEMBERS:

Title: MGRM ( ) Delete
Name: DIANE L. PAULL, P.A.,
Address: 3500 THIRD STREET S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete
Name: KURT ANDREW SIMPSON,, P.A.
Address: 3500 THIRD STREET S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIANE LYNN PAULL, P., A.
Address: 3500 THIRD STREET S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 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: DIANE L PAULL MGRM 05/30/2005

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