

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90213 033 \*\*\*\*50.00

**DOCUMENT # L04000028204**

1. Entity Name  
**SIMPSON ENTERPRISE GROUP RACING LLC**



Principal Place of Business  
**7316 DESERT RIDGE GLEN  
BRADENTON, FL 34202**

Mailing Address  
**7316 DESERT RIDGE GLEN  
BRADENTON, FL 34202**

2. Principal Place of Business - No P.O. Box #  
**21505-62 Ave East**

3. Mailing Address  
**21505-62 Ave East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007

Chg-LLC

CR2E083 (12/06)

City & State  
**Bradenton, FL**

City & State  
**Bradenton, FL**

4. FEI Number  
**26-0086678**

Applied For  
☐ Not Applicable

Zip  
**34211** Country  
**USA**

Zip  
**34211** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SIMPSON, BRYAN D  
7316 DESERT RIDGE GLEN  
BRADENTON, FL 34202**

## 7. Name and Address of New Registered Agent

Name **Bryan D. Simpson**  
Street Address (P.O. Box Number is Not Acceptable)  
**21505-62 Avenue East**  
City **Bradenton** FL Zip Code **34211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIMPSON, BRYAN D  
7316 DESERT RIDGE GLEN  
BRADENTON, FL 34202** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

TITLE  
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STREET ADDRESS  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SIMPSON, BRYAN D  
21505-62 AVENUE EAST  
BRADENTON, FL 34211** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #