

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033315

Entity Name: SIMDAG PROPERTIES, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

PO BOX 18
LARGO, FL 33779

New Mailing Address:

FEI Number: 20-1150826 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:

Name and Address of New Registered Agent:

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIGLIO, RONALD F
Address: 3022 OAKMONT DR
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: SIMON, JODY
Address: 16603 VILLALENDA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: LYONS, ROBERT E
Address: PO BOX 152
City-St-Zip: LARGO, FL 33779

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 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 E LYONS

MGRM

05/01/2008

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