2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000020408

1. Entity Name
SIMPSON FAMILY, L.L.C.

Principal Place of Business	Mailing Address
1424 THURSO ROAD	1424 THURSO ROAD
LYNN HAVEN, FL 32444	LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

03062007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2599825	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, SHAWN T
1424 THURSO ROAD
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

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 3/12/07

Filing Fee Is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMPSON, SHAWN T
STREET ADDRESS	1424 THURSO ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444

TITLE	MGRM
NAME	SIMPSON, STEFANIE A
STREET ADDRESS	1424 THURSO ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444

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U00000683713
04/11/07-80046-003 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date 3/12/07   Daytime Phone # 850-265-2274