


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90054 015 \*\*\*150.00

**DOCUMENT # P94000077881**

1. Entity Name  
**LONGVIEW REALTY, INC.**



Principal Place of Business      Mailing Address

**6400 GULF OF MEXICO DR  
 SUITE E  
 LONGBOAT KEY, FL 34228    US**      **1800 SECOND STREET  
 799  
 SARASOTA, FL 34236    US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

90020014



02062007    Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0535643**      Not Applicable

5. Certificate of Status Desired      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, SUSAN ATTY  
 1800 SECOND STREET, STE 799  
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE      VS       Delete

NAME      **ESTRIN, ALISON S.**

STREET ADDRESS      **6555 BAYOU HAMMOCK RD**

CITY-ST-ZIP      **LONGBOAT KEY, FL 34228**

TITLE      P       Delete

NAME      **ESTRIN, RICHARD W**

STREET ADDRESS      **6555 BAYOU HAMMOCK RD**

CITY-ST-ZIP      **LONGBOAT KEY, FL 34228**

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD W. ESTRIN**  
 SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/10/07      Daytime Phone #: (941)383-6112