


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 22 AM 9:23

DOCUMENT # A05000001297 1. Entity Name LONG NECK POINT INVESTMENTS, LLLP	
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Principal Place of Business 99 LONG NECK POINT ROAD DARIEN, CT 06820	Mailing Address 99 LONG NECK POINT ROAD DARIEN, CT 06820
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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



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3088167	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAINIO, FREDRICK J JR 120 SR 312 WEST SUITE 1 ST PETERSBURG, FL 32086	7. Name and Address of New Registered Agent Name <u>Fredrick J. Wainio Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>320 HIGH TIDE DRIVE</u> <u>SUITE 201</u> City <u>ST AUGUSTINE</u> <u>FL</u> Zip Code <u>32080</u>
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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 *Fredrick J Wainio Jr* 1/5/2007
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP P05000093195 LONG NECK POINT ENTERPRISES, INC. 99 LONG NECK POINT ROAD DARIEN, CT 06820	STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 5px; text-align: center;"> 800036144400 01/24/07--01038--008 **500.00 </div>

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-07
Date

Daytime Phone #

STAPLE CHECK HERE