


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:49

DOCUMENT # A05000001922

1. Entity Name
 LONGLEAF LLLP



Principal Place of Business
 50 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE, FL 32202

Mailing Address
 50 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE, FL 32202

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02132006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, LEWIS S
 50 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE, FL 32202

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P97000018105	STREET ADDRESS	
NAME	LONGLEAF, INC.	CITY-ST-ZIP	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
DOCUMENT #		STREET ADDRESS	900068093719
NAME		CITY-ST-ZIP	03/20/06-01015-014 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Longleaf, Inc.*
By Lewis S. Lee Lewis S. Lee *2-16-06* 904-798-3200
 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE