


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 FEB 21 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---------------------------------|---|
| 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 - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02132007 Chg-LP CR2E003 (12/06)

| | | |
|------------------------------|------------|----------------|
| 4. FEI Number APPLIED FOR | 47-0919742 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| LEE, LEWIS S 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202 | 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, 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 # | 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 | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

200089032522
02/23/07--01009--022 **\$500.00

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: By Lewis S. Lee (Lewis S. Lee) 2-14-07 904-387-0165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

President
General Partner

STAPLE CHECK HERE