FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 16 AM 10:26

1. Name of Limited Partnership

1a. DOCUMENT # A97000001424

LONG FAMILY LIMITED PARTNERSHIP

Mailing Address / Principal Office Address

C/O KIMBERLY ROEDER, ESQ
WILLKIE FARR & GALLAGHER
787 SEVENTH AVE
NEW YORK, NY 10019

2. Mailing Address	2a. Principal Office Address
	P.O. BOX 97 - RTE 620
Suite, Apt. #, etc.	Suite, Apt. #, etc. GREEN PLAINS FARM
City & State	City & State NORTH, VA
Zip / Country	Zip 23128 / Country MATHEWS COUNTY

3. Date Formed or Registered: 06/27/1997

3a. Date of Last Report: 04/27/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $2,538,010.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 65-0773080 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information) 526.25

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
OPPENHEIM, STEVEN P ESQ. 3191 CORAL WAY, SUITE 800 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE Suite, Apt. #, etc. STE 1000 City MIAMI FL Zip Code 33131

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LONG PROPERTY MANAGEMENT, INC.	C/O KIMBERLY ROEDER ESQ WILLKIE FARR & GALLAGHER 787 SEVENTH AVE NEW YORK, NY 10019	700002841797--2 -04/16/99--01098--022 ****526.25	P97000052694 ****526.25 4/14

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE X Dorothy S. Long DATE 4/7/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____