


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000004692	
1. Entity Name LINGER LONGER DEVELOPMENT COMPANY	

Principal Place of Business 100 LINGER LONGER ROAD GREENSBORO, GA 30642	Mailing Address 100 LINGER LONGER ROAD GREENSBORO, GA 30642
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07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1719565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE C	REYNOLDS, MERCER III
NAME	
STREET ADDRESS	300 MAIN ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE DS	REYNOLDS, JAMES M III
NAME	
STREET ADDRESS	2561 EATONTON HWY
CITY-ST-ZIP	GREENSBORO, GA 30642
TITLE CEO	MITCHELL, ROBERT C
NAME	
STREET ADDRESS	100 LINGERLONGER ROAD
CITY-ST-ZIP	GREENSBORO, GA 30642
TITLE SVP	OCONNELL, ANDREW M
NAME	
STREET ADDRESS	100 LINGER LONGE ROAD
CITY-ST-ZIP	GREENSBORO, GA 30642
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

07/16/08 80003-006 150.00

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: *[Signature]* **7/8/08 706-467-1228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #