2003 FOR PROFIT CORPORATION

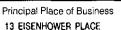
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

F9900005668

LONGVIEW VILLAGE DEVELOPMENT COMPANY



Mailing Address

2. Filincipal Place of business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED May 07, 2003 8:00 am § Secretary of State

05-07-2003 90435 001 ***361.25

	SENHOWER PLACE COAST FL 32164 PALM COAST FL 32164						550 	3861		<u> </u>		
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, A			e, Apt. #, etc.	, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	4. FEI Number 48-1210530 Applied For Not Applicable				
Zip	Zip Country Zip		Coun	Country		Certificate of Status Desired		8.75 Ad	ditional			
	6. Name	and Address of Curren	t Registere	ed Agent				Name and Address of New Regis	_			
						Name				<u></u>		
PAI METTI	O CHARTER	SERVICES,INC										
	NOLIA AVEN				Street Address (P			(P.O. Box Number is Not Acceptable)				
DAYTUNA	A BEACH FL	. 32114										
						City			FL	Zip Coo	le	
	named entity tions of registe		or the purp	ose of changing its	registere	l ed office or reg	istered ag	gent, or both, in the State of Florida.	I am far	niliar with,	and accept	
SIGNATURE .												
	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	: Registere	d Agent signature re	quired when r	reinstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o						9. Election Campaign Financia Trust Fund Contribution.	ng 🗆		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		Α[DDITIONS/CHANGES TO OFFICER	S AND D	DIRECTOR	S IN 11	
TITLE	DPT			☐ Delete	TITLE					Change	☐ Addition	
NAME		MCCROY, WILLIAM F JR.		NAM	E							
STREET ADDRESS	13 EISENH	13 EISENHOWER PLACE			STRE	ET ADORESS						
CITY-ST-ZIP	PALM COA	PALM COAST FL 32164		CITY	-ST-ZIP							
TITLE	DVPS	DVPS Delete		TITLE				<u></u> [Change	☐ Addition		
NAME		Kery, Jeffery T			NAM	E						
STREET ADDRESS	2713 W. 1	16TH STREET				ET ADDRESS						
CITY-ST-ZIP	LEAWOOD	KS 66211			CITY	-ST-ZIP						
TITLE		•		☐ Delete	TITLE					Change	☐ Addition	
NAME					NAMI							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
					╂	————						
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NAME Street address					NAME	ET ADDRESS					Į	
CITY-ST-ZIP	!				1	-ST-ZIP						
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	l <u>-</u>		 -						г	Change	Addition	
TITLE NAME		*		☐ Delete	TITLE				L	Change	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					4	·ST-ZIP						
12 Lbasaby a		7 . 6	Laborate Cities	-1	45		0	440.07(0)(1) Florido Or a 15-4		41		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: