## LIMITED LIABILITY COMPANY ... 'UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90255 009 \*\*\*\*50.00

DOCUMENT # LOTODOO	12295	05-13-2002 90255 009 *****50.00
Long Road Contractors LLC		960490
DO NOT WRITE IN	THIS SPACE	
2. Principal Placo Business 2008 KWells de Aux 2008 Suite Suite	ing Address DIVERSIDE	· <del>-</del>
Sta 200 20	<u> </u>	DO NOT WRITE IN THIS SPACE
32204 Country 3	Chsunvilla 2204 Country	4. FELL mber 3736 197 Applied For Not Applicable  5. Certificate of Status Desired Status Desired Fee Required
DO NOT WRITE	Street A	7. Name and Address of Current Registered Agent  ACO CO HOLCHON ESKINNER  Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE		N. Laura St. Ste 3300 actsmalle FL 22202
8. The above named entity submits this statement for the purpo  SIGNATURE  Signature, typed or printed name of registered agent and title if applied  Signature.		or registered agent, or both, in the State of Florida.
N.	FEE IS \$50.00 Make Check Payable to Departn DUE BY MAY 1	
9. MANAGING MEMBERS/MANAC		
NAME STREET ADDRESS CITY-ST-7P TO CETSTON WILL THE SECOND	RTC 200 NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS  CITY-ST-7P  COCKSIMVILLE, F1 33.  ROBEL+ Ballou  STREET ADDRESS  COOR EVERSION FIVE STE.		
STREET ADDRESS 2008 RUBING AVE STE.	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TITLE NAME.	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	TITLE NAME	IN THIS SPACE
SIREET AUDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADORESS CHY-SI-ZIP	
ITTLE NAME STREET ADDRESS	YIFLE NAME STREET ADDRESS	
11. I hereby certify that the information supplied with his filling do	es not qualify for the exemption stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
inuicated on this report is true and accurate by Lithat my signs limited liability company or the receiver or trusteer imposses a	atare shall have the same legal effect to execute this report as required by	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information t as if made under oath; that I am a managing member or manager of the y Chapter 608, Florida Statutes.
SIGNATURA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA	IGING MEMBER, MANAGER, OR AUTHORIZED RE	REPRESENTATIVE U 30 Dayline Phone #