

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90005 007 \*\*\*\*50.00

**DOCUMENT # L01000012295**

1. Entity Name  
**LONG ROAD CONTRACTORS, LLC**



Principal Place of Business  
**2008 RIVERSIDE AVE.  
SUITE 200  
JACKSONVILLE, FL 32204**

Mailing Address  
**2008 RIVERSIDE AVE.  
SUITE 200  
JACKSONVILLE, FL 32204**

**24083014**



07132004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
**59-3736197**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAX CO.  
50 NORTH LAURA STREET SUITE 3300  
JACKSONVILLE, FL 32202**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CARLTON 2008 RIVERSIDE AVENUE - SUITE 200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLOU, ROBERT 2008 RIVERSIDE AVENUE - SUITE 300 JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*Remove*

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #