

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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

FILED

05 MAY 12 PM 2: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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4/29/05

**DO NOT WRITE  
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:

*Carlton Jones*

4/29/05

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

Date

Daytime Phone #