

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011566

1. Entity Name
LONGBEARD, LLC.



Principal Place of Business
2651 WHITFIELD AVE.
SUITE 101
SARASOTA, FL 34243

Mailing Address
2651 WHITFIELD AVE.
SUITE 101
SARASOTA, FL 34243



03102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3683495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, STUART M
2651 WHITFIELD AVE
SUITE 101
SARASOTA, FL 34243

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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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGORY, STUART M 2651 WHITFIELD AVE. SUITE 101 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGORY, W. STUART 2651 WHITFIELD AVE. SUITE 101 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPEARG, TRUDI 2651 WHITFIELD AVE SUITE 101 SARASOTA, FL 34243x
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000261194
03/14/05-80001-002 \$0.00

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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 #

STUART M. GREGORY 3/10/05 (941) 727-4446