
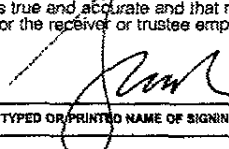


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--|----------------------------------------------------|--|----------------------------------------------------|--|----------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------|
| <b>DOCUMENT # L03000026324</b><br>1. Entity Name<br><b>LONGOS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |  |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| Principal Place of Business<br><b>1825 COLLIER PKWY<br/>LUTZ, FL 34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mailing Address<br><b>32 BELSHAW STREET<br/>EATONTOWN, NJ 07724</b>      |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| 6. Name and Address of Current Registered Agent<br><br><b>FUSCO, LUIS<br/>1825 COLLIER PKWY<br/>LUTZ, FL 34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| <b>Filing Fee is \$50.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1"><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td><b>MGR<br/>FUSCO, LUIS<br/>32 BELSHAW STREET<br/>EATONTOWN, NJ 07724</b></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr></table>                                                                                                                                                                 |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <b>MGR<br/>FUSCO, LUIS<br/>32 BELSHAW STREET<br/>EATONTOWN, NJ 07724</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>MGR<br/>FUSCO, LUIS<br/>32 BELSHAW STREET<br/>EATONTOWN, NJ 07724</b> |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.<br><br><b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>7/1/07 732 606 2951</b><br><small>Date Daytime Phone #</small> |                                                                          |                                                                                   |                                                                          |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                                    |  |                                       |



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|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>74-3098724</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

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07/10/07-80009-001 50.00