

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000012653

1. Entity Name
LONGLEAF PROPERTIES, LLC



Principal Place of Business
**3238 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32326**

Mailing Address
**P.O. BOX 787
CRAWFORDVILLE, FL 32326**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1016315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRINMER, EDWARD
3238 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32326**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRINMER, EDWARD
PO BOX 787
CRAWFORDVILLE, FL 32327**

U000000704819
04/23/07-80026-012 50.00

TITLE
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CITY-ST-ZIP

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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

SIGNATURE: Edward Brinmer

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

3/9/07 850-926-1935

Date

Daytime Phone #