

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018356

FILED
Mar 27, 2005
Secretary of State

Entity Name: LONGWOOD INVESTMENT GROUP LLC

Current Principal Place of Business:

870 E. SEMINOLE AVE
LONGWOOD, FL 32750

New Principal Place of Business:

2412 TURNBERRY DR
OVIEDO, FL 32765

Current Mailing Address:

870 E. SEMINOLE AVE
LONGWOOD, FL 32750

New Mailing Address:

2412 TURNBERRY DR
OVIEDO, FL 32765

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNON, PAUL
870 E. SEMINOLE AVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MCCONNON, PAUL
2412 TURNBERRY DR
OVIEDO, FL 32765 US

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.

SIGNATURE:

03/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MCCONNON, PAUL
Address: 870 E SEMINOLE AVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: MCCONNON, ROSIE
Address: 870 E SEMINOLE AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCONNON, PAUL
Address: 2412 TURNBERRY DR
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Change () Addition
Name: MCCONNON, ROSIE
Address: 2412 TURNBERRY DR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL MCCONNON

MGRM

03/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date