

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 020 ****50.00

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1. Entity Name
LONG JOURNEY LLC



Principal Place of Business Mailing Address
1153 EAGLES WATCH TRAIL **1153 EAGLES WATCH TRAIL**
WINTER SPRINGS, FL 32708 **WINTER SPRINGS, FL 32708**

20060873



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1197412** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORNEY, PETER A
1153 EAGLES WATCH TRAIL
WINTER SPRINGS, FL 32708

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME **DORNEY, PETER A**
STREET ADDRESS **1153 EAGLES WATCH TRAIL**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME **DORNEY, JULIE D**
STREET ADDRESS **1153 EAGLES WATCH TRAIL**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Date **04/15/05** Daytime Phone #