2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044188

1. Entity Name
103 LONGWOOD, L.L.C.

Principal Place of Business	Mailing Address
103 LONGWOOD AVE ROCKLEDGE, FL 32955	103 LONGWOOD AVE ROCKLEDGE, FL 32955

DO NOT WRITE IN THIS SPACE

04212006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-3324793	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PODNOS, STEPHEN D
103 LONGWOOD AVE
ROCKLEDGE, FL 32955

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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BRODNAN, JOHN M
STREET ADDRESS	103 LONGWOOD AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGR
NAME	PODNOS, STEPHEN D
STREET ADDRESS	103 LONGWOOD AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000542138
05/10/06-80085-023 50.00

DO NOT WRITE IN THIS SPACE

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: _____   4/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #