## 2008 LIMITED LIABILITY COMPANY

## DOCUMENT # L04000052950

1. Entity Name

LONGBOAT PARTNERS, LLC



Mailing Address

3550 CORPORATE WAY, SUITE C DULUTH, GA 30096

Principal Place of Business

3550 CORPORATE WAY, SUITE C DULUTH, GA 30096

## FILED Apr 28, 2008 08:00 AN Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
20-1139528		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE							
	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered	Agent signature required wh	en reinstating)	DATE		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		,		U00000927595 05/20/08-80113-010 138.75		
9.	MANAGING MEMBERS/MANAGERS			** , *			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSSGATE PARTNERS, LLC 3550 CORPORATE WAY, SUITE C DULUTH, GA 30096						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this fiting 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 of the society of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the society of the same legal effect as if made under oath; that I am a managing member or manager of the							

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

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