

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059983

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** LONGLEAF ASSOCIATES, LLC

**Current Principal Place of Business:**

215 BOTANY BLVD  
SANTA ROSA BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

215 BOTANY BLVD  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

FEI Number: 20-1488116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GILLIAM, BRENT M  
215 BOTANY BLVD  
SANTA ROSA BEACH, FL 32549      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GILLIAM, BRENT M  
Address: 215 BOTANY BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: MGRM      ( ) Delete  
Name: PRICE, JAMES B JR.  
Address: 2430 DOUGLAS GLEN  
City-St-Zip: FRANKLIN, TN 37064

Title: MGRM      ( ) Delete  
Name: SUMRALL, KENNETH E  
Address: 17 CHRISTINA DRIVE  
City-St-Zip: HATTISBURG, MS 39402

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENT M GILLIAM

MGRM

05/14/2007

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