

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059983

FILED
Jul 15, 2008
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 GILLIAM

MGRM

07/15/2008

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