2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000094054

Entity Name: PROCTOR & LONG, L.L.C.

Current Principal Place of Business:

825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 30-0288976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PADGETT, TIMOTHY D
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:	MR	( ) Delete
Name:	LONG, JOSEPH R MANAGER	
Address:	825 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MR	( ) Delete
Name:	PROCTOR, PATRICK S MANAGER	
Address:	825 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SEC	( ) Delete
Name:	ADAMS, HENRY N	
Address:	825 THOMASVILLE RD	
City-St-Zip:	TALLAHASSEE, FL 32303	

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: PATRICK S. PROCTOR MR 01/15/2009

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