2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000022876

Entity Name: LONG BAR POINTE - SEAGRASS PHASE, LLC

Current Principal Place of Business:

ONE SOUTH SCHOOL AVE
SUITE 500
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH SCHOOL AVE
SUITE 500
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 03-0556784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, SCOTT
ONE SOUTH SCHOOL AVE.
SUITE 500
SARASOTA, FL 34237 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:	MGR	( ) Delete
Name:	LIEBERMAN, LARRY P	
Address:	ONE SOUTH SCHOOL AVE, SUITE 500	
City-St-Zip:	SARASOTA, FL 34237 US	
Title:	MGR	( ) Delete
Name:	BRADLEY, SCOTT	
Address:	ONE SOUTH SCHOOL AVE, SUITE 500	
City-St-Zip:	SARASOTA, FL 34237 US	
Title:	MGR	( ) Delete
Name:	GALLEHUE, RONDA	
Address:	ONE SOUTH SCHOOL AVE, SUITE 500	
City-St-Zip:	SARASOTA, FL 34237 US	

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 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: SCOTT BRADLEY MGR 04/28/2006

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