


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000022876</b> 1. Entity Name <b>LONG BAR POINTE - SEAGRASS PHASE, LLC</b>	
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Principal Place of Business <b>ONE SOUTH SCHOOL AVE SUITE 500 SARASOTA, FL 34237</b>	Mailing Address <b>ONE SOUTH SCHOOL AVE SUITE 500 SARASOTA, FL 34237</b>
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01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0556784</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BRADLEY, SCOTT  
ONE SOUTH SCHOOL AVE.  
SUITE 500  
SARASOTA, FL 34237**

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEBERMAN, LARRY P ONE SOUTH SCHOOL AVE, SUITE 500 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, SCOTT ONE SOUTH SCHOOL AVE, SUITE 500 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLEHUE, RONDA ONE SOUTH SCHOOL AVE, SUITE 500 SARASOTA, FL 34237
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03/30/07-80020-010 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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

**3/20/07**

Date

Daytime Phone #