

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022876

FILED
Mar 07, 2008
Secretary of State

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 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

03/07/2008

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