2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L05000061434

Entity Name: LONGLEAF DEVELOPMENT, LLC

Current Principal Place of Business:

7640 KINGSWOOD RD
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

PO BOX 8136
SOUTHPORT, FL 32409

New Mailing Address:

FEI Number: 30-0320057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLELLAN, CATHERINE M
7640 KINGSWOOD RD
SOUTHPORT, FL 32409 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: MGRM ( ) Delete
Name: MCCLELLAN, AMMON L
Address: 7640 KINGSWOOD RD
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM ( ) Delete
Name: MCCLELLAN, CATHERINE M
Address: 7640 KINGSWOOD RD
City-St-Zip: SOUTHPORT, FL 32409

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCLELLAN, AMMON L
Address: 7640 KINGSWOOD RD
City-St-Zip: SOUTHPORT, FL 32409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ROGRIGUEZ, ROBERTO
Address: 2626 ALLISION AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: CATHERINE M MCCLELLAN MGRM 04/15/2008

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