

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062321

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LONGWELL INVESTMENTS, LLC

## Current Principal Place of Business:

8459 BAY HILL BLVD  
ORLANDO, FL 32819

## New Principal Place of Business:

189 SOUTH ORANGE AVENUE #900-S  
ORLANDO, FL 32801

## Current Mailing Address:

8459 BAY HILL BLVD  
ORLANDO, FL 32819

## New Mailing Address:

189 SOUTH ORANGE AVENUE #900-S  
ORLANDO, FL 32801

FEI Number: 20-3044249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LONGWELL, MARK N  
8459 BAY HILL BLVD  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LONGWELL, MARK N  
189 SOUTH ORANGE AVE #900-S  
ORLANDO, FL 32801 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LONGWELL, MARK N  
Address: 8459 BAY HILL BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: LONGWELL, ATHENA  
Address: 8459 BAY HILL BLVD  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES:

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: ATHENA LONGWELL

MGR

04/28/2008

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