FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
7/25/2006-90084 612 $50.00 $50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100704

1. Entity Name
LONG NECK POINT, LLC

Principal Place of Business	Mailing Address
1000 VICAR'S LANDING WAY, F-301 PONTE VEDRA BEACH, FL 32082	1000 VICAR'S LANDING WAY, F-301 PONTE VEDRA BEACH, FL 32082

07102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
99 LONG NECK PT ROAD	99 LONG NECK PT ROAD
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: DARIEN CT	City & State: DARIEN, CT
Zip: 06820 Country: USA	Zip: 06820 Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEEK, J. JACOB R. ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202	Name: Fredrick J. Wainio Jr. Street Address (P.O. Box Number is Not Acceptable): 120 SR 312 WEST SUITE 1 City: ST AUGUSTINE FL Zip Code: 32086

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] Fredrick J Wainio Jr 7-10-2006
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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME LONG NECK PT ENTERPRISES INC STREET ADDRESS 99 LONG NECK PT ROAD CITY-ST-ZIP DARIEN, CT 06820	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Frederick C. Abberley, Pres. 212 710 0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #