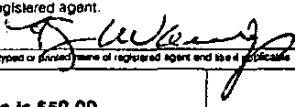


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
01/16/2006 9:08 AM \$50.00 \$50.00
7/25/2006-90846125000 \$50.00

06 SEP 14 AM 9:07

DOCUMENT # L05000100704			
1. Entity Name LONG NECK POINT, LLC			
Principal Place of Business 1000 VICAR'S LANDING WAY, F-301 PONTE VEDRA BEACH, FL 32082		Mailing Address 1000 VICAR'S LANDING WAY, F-301 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business 99 LONG NECK PT ROAD		3. Mailing Address 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 PEEK, J. JACOB R. ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name: Frederick 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: 		DATE: 7-10-2006	
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 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
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
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
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: 		DATE: 7/20/06	