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AUG. 21. 2006 1:27PM KELLER WILLIAMS RLTY

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Aug 24, 2006 8:00 am
Secretary of State
07-25-2006 90083 026 ****50.00

30012938

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116862

1. Entity Name
LONGWOOD AGENT COMPANY, LLC

Principal Place of Business
320 W. PALM DRIVE, SUITE 150
LONGWOOD, FL 32779

Mailing Address
320 W. PALM DRIVE, SUITE 150
LONGWOOD, FL 32779

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

07132008 Chg-LLC CREEDS (11/06)

4. FEI Number: 20-2331648 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KORSHAK, STEPHEN D
8550 COMMODITY CIRCLE, SUITE 200
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

Filing Fee is $50.00
Due by September 0, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 8550 COMMODITY CIRCLE, SUITE 200 ORLANDO, FL 32819	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 605, Florida Statutes.

SIGNATURE: Stephen D. Korshak

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #