2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# L06000001889

Entity Name: LONGLEAF MITIGATION DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

1200 RIVERPLACE BLVD., SUITE 902
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3715 NORTHSIDE PKWY
STE 2-500
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 20-5638326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: TCO FLORIDA LLC,
Address: 3715 NORTHSIDE PKWY STE 2-500
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TCP FLORIDA LLC,
Address: 3715 NORTHSIDE PKWY STE 2-500
City-St-Zip: ATLANTA, GA 30327

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: GORDON JONES MGR 07/17/2008

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