## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018078

Entity Name: LONGHURST ENTERPRISES, LLC

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5447 DAHLIA RESERVE DRIVE 14143 SNEAD CIRCLE KISSIMMEE, FL 34758 0RLANDO, FL 32837

Current Mailing Address: New Mailing Address:

5447 DAHLIA RESERVE DRIVE 3956 TOWN CENTRE BLVD SUITE 119
ORLANDO, FL 32837

FEI Number: 45-0543214 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LONGHURST, MAXINE
5447 DAHLIA RESERVE DRIVE
KISSIMMEE, FL 34758 US
LONGHURST, MAXINE
14143 SNEAD CIRCLE
ORLANDO, FL 32837 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: 03/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 LONGHURST, MAXINE
 Name:
 LONGHURST, MAXINE

 Address:
 5447 DAHLIA RESERVE DRIVE
 Address:
 14143 SNEAD CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34758
 City-St-Zip:
 ORLANDO, FL 32837

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:HERBERT, AVRILName:HERBERT, AVRILAddress:5447 DAHLIA RESERVE DRIVEAddress:14143 SNEAD CIRCLECity-St-Zip:KISSIMMEE, FL 34758City-St-Zip:ORLANDO, FL 32837

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: AVRIL HERBERT AH 03/01/2009