

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030830

Entity Name: LONG LEAF BUILDERS, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

6563 NW 106TH PLACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

108 TURKEY CREEK
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 86-1163991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODIN, MATTHEW L
6563 NW 106TH PLACE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

GOODIN, MATTHEW L MATT GO
6563 NW 106TH PLACE
ALACHUA, FL 32615 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: MATT GOODIN

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: GOODIN, MATTHEW L
Address: 6563 NW 106TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GOODIN, MATTHEW L MATT GO
Address: 6563 NW 106TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: 6563 () Change (X) Addition
Name: GOODIN, MATT M MATT GO
Address: 6563 NW 106TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: 6563 () Change (X) Addition
Name: GOODIN, MATT M MATT GO
Address: 6563 NW 106TH PLACE
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Title: 6563 () Change (X) Addition
Name: GOODIN, MATT M MATT GO
Address: 6563 NW 106TH PLACE
City-St-Zip: ALACHUA, FL 32615

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: MATT GOODIN

PRES

04/14/2009

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