

FILED  
Apr 03, 2007 8:00 am  
Secretary of State

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03-19-2007 90465 012 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |                                                                                                                                         |                                                                   |
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| <b>DOCUMENT # L06000060061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                                        |                                                                   |
| 1. Entity Name<br><b>LONGWOOD, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>1035 SAN MATEO DRIVE<br/>PUNTA GORDA, FL 33950-6364</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | Mailing Address<br><b>1035 SAN MATEO DRIVE<br/>PUNTA GORDA, FL 33950-6364</b>                                                           |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                            | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>20-5043959</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | <b>\$5.00 Additional Fee Required</b>                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>FICKETT, CHARLES B.<br/>1035 SAN MATEO DRIVE<br/>PUNTA GORDA, FL 33950-6364</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                                         |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    | <b>Make check payable to<br/>Florida Department of State</b>                                                                            |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    | <b>10. ADDITIONS/CHANGES</b>                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>CMF VENDING MANAGEMENT, INC.<br/>1035 SAN MATEO DRIVE<br/>PUNTA GORDA, FL 339506364</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                                                                                    |                                                                                                                                         |                                                                   |
| <b>SIGNATURE:</b> <i>Charles B. Fickett</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    | <b>CHARLES B. FICKETT 3/5/07</b>                                                                                                        |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    | Date Daytime Phone #                                                                                                                    |                                                                   |