


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000082845</b> 1. Entity Name LONGVIEW PLANTATION IV, LLC	
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Principal Place of Business PO BOX 960 GULF BREEZE, FL 32562	Mailing Address PO BOX 960 GULF BREEZE, FL 32562
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**DO NOT WRITE IN THIS SPACE**



05192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5428471

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANNEN, DAVID A  
40 SOUTH PALAFOX PLACE  
SUITE 500  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**


In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNEN, DAVID A PO BOX 960 GULF BREEZE, FL 32562
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U00000952323  
06/04/08-80073-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **David A. Brannen** **5/19/08** **850-436-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #