

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90028 044 ****50.00

DOCUMENT # L06000104391	
*1. Entity Name FURLONGS AHEAD, LLC	

Principal Place of Business 75 LANDMARK STREET MARCO ISLAND FL 34145 US	Mailing Address 8 NEIGHBORHOOD RD. SWAMPSCOTT MA 01907
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2. Principal Place of Business - No P.O. Box # SAME	3. Mailing Address 203 Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 241

1st MOORE CR2E083 (10/06)

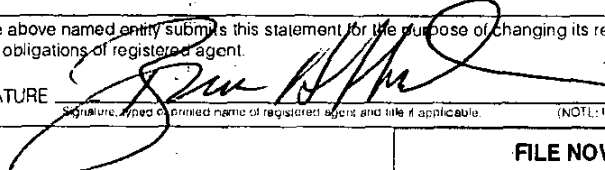
City & State Salem MA 01907-3680	4. FEI Number 20 5782973
Zip 01907-3680	Country USA

Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHEA, MICHAEL 75 LANDMARK STREET MARCO ISLAND FL 34145
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7. Name and Address of New Registered Agent Name Brian Abboud Street Address 75 Landmark St City Marco Island FL Zip Code 34145

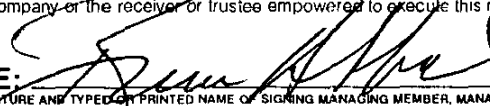
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **April 20, 2007**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEA, MICHAEL 75 LANDMARK STREET MARCO ISLAND FL 34145 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ABBOUD, BRIAN 42 OAKKNOLL ROAD NATICK MA 01760 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:  DATE **April 20, 07** Daytime Phone # **617-283-1069**