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	Mailing Address
75 LANDMARK STREET MARCO ISLAND FL 34145 US	8 NEIGHBORHOOD RD. SWAMPSCOTT MA 01907

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same.	203 Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 241
City & State	City & State Salem MA 01907-3680
Zip / Country	Zip 01907-3680 Country USA.

4. FEI Number 20 5782973 — 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

7. Name and Address of New Registered Agent

Name: Brian Abboud.
Street Address (P.O. Box Number ...): 75 Landmark St.
City: Marco Island FL Zip Code 34145

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] April 20, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	SHEA, MICHAEL		NAME		
STREET ADDRESS	75 LANDMARK STREET		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABBOUD, BRIAN		NAME		
STREET ADDRESS	42 OAKKNOLL ROAD		STREET ADDRESS		
CITY-ST-ZIP	NATICK MA 01760		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: [signature] April 20, 07 617-283-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #