2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 16, 2008 08:00 A Secretary of State **DOCUMENT # L06000111391** LONG BRANCH RIDGE, LLC Principal Place of Business Mailing Address 8828 S.W. 44TH LANE 8828 S.W. 44TH LANE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 CR2E083 (12/07) 04032008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5911576 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TODD WATSON, ATTORNEY AT LAW DO NOT WRITE 7785 BAYMEADOWS WAY STE 107 JACKSONVILLE, FL 32256 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 U00000900347 U4/29/08-8UU25-011 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE MARIS, ROGER E JR NAME STREET ADDRESS 8828 S.W. 44TH LANE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 deceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE