

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059213

Entity Name: LONG PROP MGMT., LLC

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 26-0488005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMOAK, MASON G  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

SMOAK, JOHN F III  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852 US

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.

SIGNATURE: JOHN F. SMOAK III

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMOAK, MASON G  
Address: 1025 COUNTY ROAD 17 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMOAK, JOHN F III  
Address: 1025 COUNTY ROAD 17 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN F. SMOAK III

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date