

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000060595

FILED
Nov 10, 2008
Secretary of State

Entity Name: LONG POINT HOLDINGS, L.L.C.

Current Principal Place of Business:

139 LONG POINT DR.
AMELLA ISLAND, FL 32034

New Principal Place of Business:

139 LONG POINT DR.
AMELIA ISLAND, FL 32034

Current Mailing Address:

P.O. BOX 768
FERNANDINA BEACH, FL 32035

New Mailing Address:

139 LONG POINT DR.
AMELIA ISLAND, FL 32034

FEI Number: 26-0223115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUSE, STEPHAN L
139 LONG POINT DR.
AMELLA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

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: STEPHAN L KRUSE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRUSE, STEPHAN L
Address: 139 LONG POINT DR.
City-St-Zip: AMELLA ISLAND, FL 32034

Title: MGR () Delete
Name: KRUSE, JACQUELYN A
Address: 139 LONG POINT DR.
City-St-Zip: AMELLA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHAN L KRUSE

MGRM

11/10/2008

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