


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-15-2008 90102 034 ***138.75
L07000062342

| | |
|---|---|
| DOCUMENT # L07000062342 1. Entity Name LONG YEARS AGO, LLC |  |
|---|---|

08 MAY 28 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

50002991

| | |
|---|---|
| Principal Place of Business 4555 GALLAGHER ROAD DOVER, FL 33527 | Mailing Address 4555 GALLAGHER ROAD DOVER, FL 33527 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

03242008 Chg-LLC CR2E083 (12/06)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|-----------------------------|--|
| 4. FEI Number 26-0481268 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606 | 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code: |
|--|--|

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 _____ DATE _____
Signature typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when withdrawing

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | Stephen Brauner |
| STREET ADDRESS | 4555 Gallagher Rd |
| CITY-STATE-ZIP | Dover, FL 33527 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | Kathy Brauner |
| STREET ADDRESS | 4555 Gallagher Rd |
| CITY-STATE-ZIP | Dover, FL 33527 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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

SIGNATURE: Stephen Brauner 4/10/08 813-681-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dying Phone #