

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119097

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** FURLONG & ASSOCIATES SOUTH, EQUINE VETERINARIANS, LLC

**Current Principal Place of Business:**

11785 ST. ANDREWS PLACE, UNIT 11-103  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16  
OLDWICK, NJ 088580016

**New Mailing Address:**

FEI Number: 68-0664544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

BABEY, SANDRA J ESQ.  
1401 UNIVERSITY DRIVE, STE. 301  
CORAL GABLES, FL 33071 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FURLONG, BRENDAN  
Address: 406 PITTSTOWN ROAD  
City-St-Zip: PITTSTOWN, NJ 08867

Title: MGRM ( ) Delete  
Name: FURLONG, WENDY  
Address: 406 PITTSTOWN ROAD  
City-St-Zip: PITTSTOWN, NJ 08867

**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: BRENDAN FURLONG

MGRM

07/14/2008

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