

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036210

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: FLETCHER & LONG REALTY, LLC

**Current Principal Place of Business:**

3700 CAPITAL CIRCLE SE, APT. 513  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

310 BLOUNT STREET  
SUITE 112  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3700 CAPITAL CIRCLE SE, APT. 513  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 01-0920273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LONG, JAMES R  
3700 CAPITAL CIRCLE SE, APT. 513  
TALLAHASSEE, FL 32311      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LONG, JAMES R  
Address: 3700 CAPITAL CIRCLE SE, APT. 513  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete  
Name: FLETCHER, BARBARA  
Address: 6712 KAWAI KING TRL.  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: FLETCHER, BARBARA  
Address: 6712 KAWAI KING TRL.  
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES R LONG

MGRM

01/13/2009

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