

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103095

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE PRESERVE AT LONGLEAF PARTNERS LLC

Current Principal Place of Business:

1802 S. FLAKE BLVD., STE. 101
ROCKLEDGE, FL 32955

New Principal Place of Business:

1802 S. FISKE BLVD., STE. 101
ROCKLEDGE, FL 32955

Current Mailing Address:

1802 S. FLAKE BLVD., STE. 101
ROCKLEDGE, FL 32955

New Mailing Address:

1802 S. FISKE BLVD., STE. 101
ROCKLEDGE, FL 32955

FEI Number: 90-0421868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAFFIOT, ROBERT R SR.
1802 S. FLAKE BLVD., STE. 101
ROCKLEDGE, FL 32955 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: MGR () Delete
Name: CHAFFIOT, ROBERT R
Address: 1802 S. FLAKE BLVD., STE. 101
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: CHAFFIOT, MARK K
Address: 6333 SPINAKER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAFFIOT, ROBERT R
Address: 1802 S. FISKE BLVD., STE. 101
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM (X) Change () Addition
Name: CHAFFIOT, MARK K
Address: 6333 SPINAKER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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: ROBERT CHAFFIOT

MGRM

01/28/2009

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