


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 024 ***158.75

DOCUMENT # L22984
 1. Entity Name
 LONGPORT PROPERTIES, INC.



Principal Place of Business
 156 SAND DOLLAR LANE
 SARASOTA, FL 34242 US

Mailing Address
 156 SAND DOLLAR LANE
 SARASOTA, FL 34242 US

40005600



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03052008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 SHAW, TIMOTHY S
 720 S. ORANGE AVE.
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name **ROBERT TAPLINGER**
 Street Address (P.O. Box Number is Not Acceptable)
156 SAND DOLLAR LANE
 City **SARASOTA** FL Zip Code **34242**

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: *[Signature]* **ROBERT TAPLINGER** DATE: **3-11-08**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TAPLINGER, ROBERT 156 SAND DOLLAR LANE SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TAPLINGER, BIRGITTA 156 SAND DOLLAR LANE SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *[Signature]* **ROBERT TAPLINGER** DATE: **3-11-08** DAYTIME PHONE #: **9413462800**