2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# M06000004122

Entity Name: LONG CAP DNS, LLC

Current Principal Place of Business:

171 DWIGHT RD. SUITE 310
LONGMEADOW, MA 01106

New Principal Place of Business:

2323 NE 26 AVE
SUITE 102
POMPANO BEACH, FL 33062

Current Mailing Address:

171 DWIGHT RD. SUITE 310
LONGMEADOW, MA 01106

New Mailing Address:

2323 NE 26 AVE
SUITE 102
POMPANO BEACH, FL 33062

FEI Number: 42-1708951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIES, LARRY
748 CATALNIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KRIES, LAWRENCE D
748 CATALONIA AVE.
CORAL GABLES, FL 33134 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: LAWRENCE D. KRIES 01/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZABACK, ANDREW M
Address: 171 DWIGHT RD. SUITE 310
City-St-Zip: LONGMEADOW, MA 01106

Title: MGR ( ) Delete
Name: KRIES, LARRY
Address: 748 CATALONIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: KRIES, LAWRENCE D
Address: 748 CATALONIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE D. KRIES MGR 01/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date