


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000035792</b> 1. Entity Name LONG BAR POINTE, INC.	
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Principal Place of Business ONE SOUTH SCHOOL AVE. SUITE 500 SARASOTA, FL 34237 US	Mailing Address ONE SOUTH SCHOOL AVE. SUITE 500 SARASOTA, FL 34237 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0556781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, SCOTT  
ONE SOUTH SCHOOL AVE.  
SUITE 500  
SARASOTA, FL 34237

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T BRADLEY, SCOTT ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLEHUE, RONDA ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBERMAN, LARRY P ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/18/07-80008-002 150.00

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, with all other like empowered.

**SIGNATURE:** By: [Signature] Treasurer 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #