

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90057 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																	
<b>DOCUMENT # P98000048272</b> 1. Corporation Name Long Real Estate Management, Inc.																			
Principal Place of Business Green Plains Farm Box 97, Route 620 North, VA 23128		Mailing Address C/O SPEER & FULVIO, LLP 60 EAST 42ND ST, STE 1313 NEW YORK, NY 10165																	
DO NOT WRITE IN THIS SPACE																			
2. Principal Place of Business 21 Green Plains Farm Suite, Apt. #, etc. 22 Box 97, Route 620 City & State 23 North, VA Zip 24 23128 Country 25 US		2a. Mailing Address 26 C/O SPEER & FULVIO, LLP Suite, Apt. #, etc. 27 60 E. 42ND ST, STE 1313 City & State 28 NEW YORK, NY Zip 29 10165 Country 30 USA																	
3. Date Incorporated or Qualified 05/29/98		4. FEI Number 65-0839952																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
9. Name and Address of Current Registered Agent Steven P. Oppenheim, Esq. 444 Brickell Avenue, Suite 1000 Miami, FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____																			
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">[ ] DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	[ ] DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:70%;">Chairman of the Board [ ] Change [X] Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Augustus C. Long</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>Box 97, Route 620</td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>North, VA 23128</td> </tr> </table>		1.1 TITLE	Chairman of the Board [ ] Change [X] Addition	1.2 NAME	Augustus C. Long	1.3 STREET ADDRESS	Box 97, Route 620	1.4 CITY - ST - ZIP	North, VA 23128
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan E. Van Velson, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN E. VAN VELSON, CPA

4/30/99

Date

Daytime Phone #