


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90017 031 ****50.00

DOCUMENT # L99000000951 1. Entity Name LOGSDON/NICOLINI OF TAMPA LIMITED COMPANY	
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Principal Place of Business 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH, FL 33407 205 1/2 SIXTH ST. #106	Mailing Address 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH, FL 33407 205 1/2 SIXTH ST. #106
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02212005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3572136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, JOHN M
~~2600 NORTH FLAGLER DRIVE, SUITE 1012~~
~~WEST PALM BEACH, FL 33407~~
 205 1/2 SIXTH ST. #106

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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 _____

Filing Fee is \$50.00
 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	LOGSDON, JOHN M
STREET ADDRESS	200 MOCKINGBIRD TRAIL
CITY-ST-ZIP	PALM BEACH, FL 33480
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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11. 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 report is true and accurate and that my 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: John M. Logsdon 2/25/05 561-832-5819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #