

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 30 PM 12:20

LC 7/30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407		DOCUMENT # L99000000952		1a. Principal Place of Business Address 2600 NORTH FLAGLER DRIVE, SU WEST PALM BEACH FL 33407	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 12/29/1998		3a. State of Formation FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
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7. Name and Address of Current Registered Agent LOGSDON, JOHN M 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LOGSDON, JOHN M	200 MOCKINGBIRD TRAIL	PALM BEACH FL

400002949534-4
-08/03/99--01087--003
****188.75 ****188.75

11. I do 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 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *John Logsdon*
SIGNATURE AND TYPED COPIED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: 7/20/99 Daytime Phone #: 561-832-5819

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TALLAHASSEE FLORIDA

LOGSDON/NICOLINI of TAMPA LIMITED COMPANY
and
LOGSDON/NICOLINI of ORLANDO LIMITED COMPANY
2600 North Flagler Drive
Suite 1012
West Palm Beach, FL 33407

July 20, 1999

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Greetings;

Logsdon/Nicolini of Orlando Limited Company and Logsdon/Nicolini of Tampa Limited Company were formed 12/29/98. The first noticed of a fee required for an Annual Report was never received.

I telephoned this department on 7/20/99 after receiving the 2nd and Final Notice. A representative stated that because of the 12/29/99 formation dates a first notice was not sent. I was instructed to send the regular filing fee of \$188.75 for each company.

Enclosed are the 1999 Annual reports and two checks for \$188.75 for each company.

Thank you for your consideration.

Sincerely,



John M. Logsdon
Managing Member