

2001 UNIFORM BUSINESS REPORT (UBR)

0013619 AF

DOCUMENT # L99000000952
 1. Entity Name
 LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY

FILED

01 FEB -2 AM 10: 33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 2600 NORTH FLAGLER DRIVE, SUITE 1012 2600 NORTH FLAGLER DRIVE, SUITE 1012
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

2. Principal Place of Business 3. Mailing Address
 SAME AS ABOVE SAME AS ABOVE
 Suite; Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0980610 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LOGSDON, JOHN M
 2600 NORTH FLAGLER DRIVE, SUITE 1012
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	LOGSDON, JOHN M	200 MOCKINGBIRD TRAIL	PALM BEACH FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 1/30/01 561-832-5819 Daytime Phone #

CR2E083 (11/00)