2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

	ANNOALI	LFORT JAN	<u></u>			1.1			
DOCUMENT # L99C 20000952 1. Entity Name					Feb 13, 2004 08:00 AM Secretary of State				
LOGSDO	N/NICOLINI OF ORLANDO	LIMITED COMPANY	MITED COMPANY				•		
Principal Plac	e of Susiness	Mailing Address		·					
2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407		2600 NORTH FLAGLE WEST PALM BEACH	2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			MOORE	CR2E08	3 (11/03)	
City & State		City & State			4. FEI Numbe	65-098061	0		plied For t Applicable
Zıp	Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$5.00 Add Fee Required	litional
	6. Name and Address of Current	Registered Agent	·		7. Name and	Address of New	Registered /	Agent	
Name									
260	ISDON, JOHN M O NORTH FLAGLER DRIVE, ST PALM BEACH FL 33407	SUITE 1012		Street Address (P.O. Box Numbe	er is Not Acceptab	le)		
				City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or register	ed agent, or bot	h, in the State of F	lorida lam	familiar with,	and accept
SIGNATURE	Signature, typed or brinted name of registered agent	and this is an algority. (MO)	TE Gazatasa	d Agent signature required	lubas as antabas 1		DATE		
	Signature, types or printed rights or registeres agent				when reinstating)		DATE		
		Make Check Payal		FEE IS \$50.00 orida Denartmei	nt of State				
				ay 1, 2004	or oldle				
9.	MANAGING MEMBI	ERS/MANAGERS	10.	330771		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Defete	สเรย	E				☐ Change	Addition
NAME	LOGSDON, JOHN M		MAM	3		0000000 02/16/04-0	151028		-
STREET ADORESS CITY-ST-ZIP	200 MOCKINGBIRD TRAIL PALM BEACH FL 33480		3	ET ADDRESS - ST-ZIP		02/16/04-(30034-0	21 50.0	0
mile		☐ Detete	กาย					☐ Change	Addition
NAME		22 5000	NAM	3					
STREET ADORESS				ET ADDRESS					
City-ST-ZIP				-SI-ZIP					
TITLE NAME		Delete	TITU NAM	3				☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	- ST-ZIP					
TRILE		Delete	าสาย	Ε		•		☐ Change	☐ Addition
NAME			NAM	}					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
THE		☐ Delete	7316					☐ Change	☐ Addition
NAME		L_ Detele	NAM	1				En onenge	Abballon
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP			CITY	+ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TETLE		Desete	អាម	j.				Change	Addition
NAME STREET ADORESS			NAM STRE	EF ADDRESS					
CSTY-ST-ZIP			3	-ST-ZIP					
11. I hereby	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for	or the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes	. I further cer	tify that the ir	nformation
indicated limited lia	on this report is true and accurate and bility company or the receiver or truste	t that my signature shall have e empowered to execute this	the same report as	e legal effect as if n s required by Chap	nade under oath ter 608, Florida !	i; that I am a mana Statutes.	iging membe	er or manage	er of the

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MENDER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date Davima Phone #