


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-04-2005 90017 030 \*\*\*\*50.00

**DOCUMENT # L99000000952**

1. Entity Name  
 LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY



Principal Place of Business  
 2600 NORTH FLAGLER DRIVE, SUITE 1012  
 WEST PALM BEACH, FL 33407  
 205 1/2 SIXTH ST., #106  
 WEST PALM BEACH, FLA. 33407

Mailing Address  
 205 1/2 SIXTH ST., #106  
 2600 NORTH FLAGLER DRIVE, SUITE 1012  
 WEST PALM BEACH, FL. 33407

40010241



**DO NOT WRITE IN THIS SPACE**

02212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0980610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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  
 WEST PALM BEACH, FLA, 33407

**DO NOT WRITE IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGSDON, JOHN M 200 MOCKINGBIRD TRAIL PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**

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 #