

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000952

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY

**Current Principal Place of Business:**

205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33401

FEI Number: 65-0980610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOGSDON, JOHN M  
205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

LOGSDON, JOHN M  
205 1/2 SIXTH STREET  
SUITE 106  
WEST PALM BEACH, FL 33401 US

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:

01/09/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOGSDON, JOHN M  
Address: 200 MOCKINGBIRD TRAIL  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 LOGSDON

MGR

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date