

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

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



Principal Place of Business: 205 1/2 SIXTH STREET, SUITE 106, WEST PALM BEACH, FL 33401
 Mailing Address: 205 1/2 SIXTH STREET, SUITE 106, WEST PALM BEACH, FL 33401



02052007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
 LOGSDON, JOHN M
 205 1/2 SIXTH STREET
 SUITE 106
 WEST PALM BEACH, FL 33401

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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, 2007
 U00000637326
 02/25/07-80055-016 50.00

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **2/12/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #