

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90050 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**

Mailing Address  
**2600 NORTH FLAGLER DRIVE, SUITE 1012  
WEST PALM BEACH FL 33407**

2. Principal Place of Business  
*SAME AS ABOVE*

3. Mailing Address  
*SAME AS ABOVE*

Suite, Apt. #, etc.  
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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LOGSDON, JOHN M  
2600 NORTH FLAGLER DRIVE, SUITE 1012  
WEST PALM BEACH FL 33407**

Name *SAME*  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John M Logsdon* DATE **1/20/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

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

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* DATE **1/20/03** DAYTIME PHONE # **561-832-5819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)