

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

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90006 027 ****55.00

DOCUMENT # L99000007594

1. Entity Name

Loganbarry Partners, L.L.C.



DO NOT WRITE IN THIS SPACE

24074474

2. Principal Place of Business

2081 CAVALLA Rd.
Suite, Apt. #, etc.

3. Mailing Address

2081 CAVALLA Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL.

City & State

Vero Beach, FL.

4. FEI Number

59-3607215

Applied For

Not Applicable

Zip

32963

Country

Indian River

Zip

32963

Country

Indian River

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARINE CHRISTOPHER H.

Street Address (P.O. Box Number is Not Acceptable)

979 Beachland Blvd

City

Vero Beach

FL

Zip Code

32963

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGRM</u>
NAME	<u>GERARD SUMNER</u>
STREET ADDRESS	<u>2081 CAVALLA ROAD</u>
CITY-ST-ZIP	<u>VERO BEACH, FL. 32963</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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: Gerard Sumner

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

5/1/04

Date

772/231-7274

Daytime Phone #

CR2E083B (12/02)