


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024356	
1. Entity Name LOGE MANAGEMENT, LLC	

Principal Place of Business COMMERCIAL TRUST COMPANY 220 ALHAMBRA CIR, 11 FL CORAL GABLES, FL 33134	Mailing Address COMMERCIAL TRUST COMPANY 220 ALHAMBRA CIR, 11 FL CORAL GABLES, FL 33134
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~~ACCOUNTS PAYABLE DEPT.~~
~~2007 FEB 12 P 3:27~~
~~RECEIVED~~



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIR, 11TH FL
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FL CORAL GABLES, FL 33134
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02/26/07-90309-008-\$55.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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.

Commercebank Trust Company, N.A. as Manager

SIGNATURE: 1) [Signature] 2) [Signature] Date 1-5-2007 (305) 441-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #