2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000024356

1. Entity Name LOGE MANAGEMENT, LLC

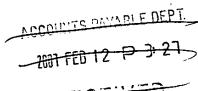


Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

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





01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For X Not Applicable

5. Certificate of Status Desired

\$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.			
SIGNAT	FURE	(NOTE: Registered Agent signature required when reinstating)	DATE
	organistic types as printed that is a registroot again, and she in approach.	(NOTE: Hogsiellor Agent Agent of Color William Color agent of Colo	
	Filing Fee is \$50.00 Due by May 1, 2007		As I
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		•

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

02/26/07-90309-008-\$55.00

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SECRETARY OF STATE
ALLAHASSEE, FLORE

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.

1) Lenothad 2)

JRE: 1) (COOP) 2)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED PEPRESENTATIVE

1-5-2007 (305) 441-5555

Date Daytime Phone #