

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90267 005 \*\*\*143.75

<b>DOCUMENT # L04000024356</b> 1. Entity Name <b>LOGE MANAGEMENT, LLC</b>					
Principal Place of Business <b>COMMERCIAL TRUST COMPANY</b> <b>220 ALHAMBRA CIR, 11 FL</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>COMMERCIAL TRUST COMPANY</b> <b>220 ALHAMBRA CIR, 11 FL</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>Mercantil CTC, N.A.</b> Suite, Apt. #, etc. <b>220 Alhambra Circle, 11th Fl</b>		3. Mailing Address <b>Mercantil CTC, N.A.</b> Suite, Apt. #, etc. <b>220 Alhambra Circle, 11th Fl</b>		<b>60018272</b> 	
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		01042008    Chg-LLC    CR2E083 (12/06)	
Zip <b>33134</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>CTC MANAGEMENT SERVICES, LLC</b> <b>220 ALHAMBRA CIR, 11TH FL</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>COMMERCEBANK TRUST COMPANY, N.A.</b> <b>220 ALHAMBRA CIRCLE, 11TH FL</b> <b>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Mercantil Commercebank Trust Comp., N.A.</b> <b>220 Alhambra Circle, 11th Floor</b> <b>Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			AUS    01/08/2008    305-441-5555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		