

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001897

Entity Name: LOCI, LLC

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8374
AMELIA ISLAND, FL 32035 US

New Mailing Address:

P.O. BOX 349
CHARLOTTESVILLE, VA 22902 US

FEI Number: 25-6703329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGERTON, CHARLES H ESQ.
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES LLC
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803 US

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.

SIGNATURE: CHARLES H EGERTON

01/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACK, SUZANNE B
Address: P.O. BOX 8374
City-St-Zip: AMELIA ISLAND, FL 32035

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, AUBREY S
Address: 1487 LONESOME MOUNTAIN HOLLOW
City-St-Zip: CHARLOTTESVILLE, VA 22911

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AUBREY S PHILLIPS

MGR

01/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date