2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR -9 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L02000006858

1. Entity Name
LOG, LLC

Principal Place of Business	Mailing Address
420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801	420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801

01222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0468930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAATHOFF, DWIGHT ESQ. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801	Name: CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Ave. City: Tallahassee FL Zip Code: 32301

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 _____ Kevin R. Robert President 4-9-07
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

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Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AUFSEESSER, ERNST C/O 21, RUE DU MT BLANC GENEVA, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300096512483 04/11/07--01043--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KURZ, PIERRE C/O 21, RUE DU MT BLANC GENEVA, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WEBER, JEAN-PIERRE BELCHENSTR 19 BASLE SW,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information [illegible] this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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: _____ P. Kurz, Texas. 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #