


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90036 020 \*\*\*150.00

<b>DOCUMENT # L02000018358</b> 1. Entity Name <b>LOGO PILLOW COMPANY, LLC</b>			
Principal Place of Business 119 SANTINWOOD LANE PALM BEACH GARDENS, FL 33410		Mailing Address 119 SANTINWOOD LANE PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business <b>1372 N. KILLIAN DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1372 N KILLIAN DR</b> Suite, Apt. #, etc.	
City & State <b>LAKE PARK FL</b> Zip <b>33403</b>		City & State <b>LAKE PARK FL</b> Zip <b>33403</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>52-2371749</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRASKER, PAUL A</b> <b>625 NORTH FLAGLER DRIVE 9TH FLOOR</b> <b>WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Andree Green</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENSPAN, ANDREA C 119 SATINWOOD LANE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREW, GREENSPAN 119 SATINWOOD LANE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Andree Green</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>4/18/05</b> <b>5616248322</b> <small>Date Daytime Phone #</small>	