


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90197 018 \*\*\*\*50.00

<b>DOCUMENT # L03000003408</b> 1. Entity Name <b>LOGAN PROPERTY INVESTMENT COMPANY, LLC</b>			
Principal Place of Business <b>PO BOX 3073 SPRING HILL, FL 34611</b>		Mailing Address <b>P.O. BOX 3073 SPRING HILL, FL 34611</b>	
2. Principal Place of Business - No P.O. Box # <b>8621 Bay Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>8621 Bay Drive</b> Suite, Apt. #, etc.	
City & State <b>Spring Hill FL</b> Zip <b>34606</b>		City & State <b>Spring Hill FL</b> Zip <b>34606</b>	
Country <b>Hernando</b>		Country <b>Hernando</b>	
4. FEI Number <b>02-0674706</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>LOGAN, JAMES R 195 BERKSHIRE DR. AVON LAKE, FL 44012</b>		7. Name and Address of New Registered Agent Name <b>LOGAN, JAMES R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8621 Bay Drive</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34606</b>	
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 <b>JAMES R. LOGAN</b> <i>James R. Logan</i> DATE <b>3-20-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOGAN, ADAM J P.O. BOX 3073 SPRING HILL, FL 34611</b> <input checked="" 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	<b>MGRM LOGAN, JAMES R P.O. BOX 3073 SPRING HILL, FL 34611</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOGAN, JAMES R. 8621 BAY DR. SPRING HILL, FL 34611</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.			
<b>SIGNATURE:</b> <b>JAMES R. LOGAN</b> <i>James R. Logan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-20-07</b>	Daytime Phone # <b>352-686-4020</b>