2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2004 8:00 am **DOCUMENT # L03000024063** Secretary of State 04-30-2004 90058 007 ****50.00 LOGÓS INVESTMENTS, LLC Principal Place of Business Mailing Address 3571 EAST TREE TOPS COURT 3571 EAST TREE TOPS COURT FORT LAUDERDALE, FL 33328 FORT LAUDERDALE, FL 33328 24060109 2. Principal Place of Business 3. Mailing Address 1937 E HHantic 1937 E Atlantic Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-LLC CR2E083 (10/03) #12 Applied For City & State City & State 4. FEI Number Pompano Beach, FL Pompano Beach Not Applicable Country \$5.00 Additional USA 5. Certificate of Status Desired 33060 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James WAGNER ROSEN, EVE Street Address (P.O. Box Number is Not Acceptable) 33 NE 2ND STREET, SUITE 101 FORT LAUDERDALE, FL 33301 Atlantic Blud. City sose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the p the obligations of ragistered and nt. SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature typed or printed na Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Member / Manager (MGRM) Change TITLE TITI F ☐ Delete NAME NAME Brett H. Mornis STREET ADDRESS STREET ADDRESS 1937 E AHantic Blud. Ste. 12 CITY-ST-ZIP CITY-ST-ZIP Pempano Beach, FL 33060 Member/Manager (MG-RM) (Change ☐ Delete TITLE M Addition NAME NAME Beeson, Mary C 1937 E Atlantic Blud. Ste 12 STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33060 Member (MGPM) CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Cabba, LLC. 1937 E Atlantic Blud Ste. 12 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Pompano Beach, FL 33060 Manager (MGR) Beason, Jr., James M. 1937 E Allantic Blud. Str. 12 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Brach, FL 33060 Manager (MGP) Abadi, Chaim 1937 E Atlantic Blvd. Ste.12 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James M Beeson, Jr.

SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954 946-4007

FILED