


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90053 027 \*\*\*\*50.00

<b>DOCUMENT # L03000024063</b>	
1. Entity Name <b>LOGOS INVESTMENTS, LLC</b>	

Principal Place of Business <b>1937 E. ATLANTIC BLVD.</b> <b>#12</b> <b>POMPANO BEACH, FL 33060 US</b>	Mailing Address <b>1937 E. ATLANTIC BLVD.</b> <b>#12</b> <b>POMPANO BEACH, FL 33060 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <b>9</b>	Suite, Apt. #, etc. <b>9</b>
City & State	City & State
Zip Country	Zip Country

00040004



04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1014285</b>	Applied For
<b>APPLIED FOR</b>	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>BEESON, JR., JAMES M</b> <b>1937 E. ATLANTIC BLVD.</b> <b>SUITE #12</b> <b>POMPANO BEACH, FL 33060</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, BRETT H 1937 E. ATLANTIC BLVD., SUITE #12 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 9</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEESON, MARY C 1937 E. ATLANTIC BLVD., SUITE #12 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 9</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABBA, LLC 1937 E. ATLANTIC BLVD., SUITE #12 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 9</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEESON, JR., JAMES M 1937 E. ATLANTIC BLVD., SUITE #12 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 9</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BGR ABADI, CHAIM 1937 E. ATLANTIC BLVD., SUITE #12 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Suite 9</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 checked="" 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: 	Date <b>4/16/2005</b>	Daytime Phone # <b>954-946-9007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>J.M. BEESON, JR</b>		