2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# L03000033577

Entity Name: LOJICS RESOURCE SOLUTIONS, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE, SUITE 500
CELEBRATION, FL 34747

New Principal Place of Business:

409, ARBOR CIRCLE,
CELEBRATION, FL 34747

Current Mailing Address:

409 ARBOR CIRCLE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUTECKI, MARK C
215 CELEBRATION PLACE, SUITE 500
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

MUNN, JOHN C
409, ARBOR CIRCLE,
CELEBRATION, FL 34747

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.

SIGNATURE: JOHN MUNN 05/03/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LOJICS INVESTMENT, I, NC.
Address: 409 ARBOR CIRCLE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete
Name: TIFFBIZ, INC.,
Address: 1003 WILD ELM STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN MUNN MGRM 05/03/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date