

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 001 ****55.00

DOCUMENT # L03000045348

1. Entity Name
LOGAN INVESTMENTS, LLC



Principal Place of Business
**648 MAYPOP COURT
BOCA RATON, FL 33486**

Mailing Address
**648 MAYPOP COURT
BOCA RATON, FL 33486**



07072005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
35-2219602

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, THOMAS J
648 MAYPOP COURT
BOCA RATON, FL 33486**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOWDY, J. B.
STREET ADDRESS	941 MARSHFIELD CIRCLE, APT. 206
CITY- ST- ZIP	MYRTLE BEACH, SC 29577
TITLE	MGR
NAME	BYMAN, EDWARD E.
STREET ADDRESS	13427 MELVIN ARNOLD RD
CITY- ST- ZIP	RALEIGH, NC 27613
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

Edward E. Byman

7/25/05

919 616 1009

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

Date

Daytime Phone #