

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90029 007 ****50.00

DOCUMENT # L04000004148					
1. Entity Name FRANK LOGAN PLUMBER, L.L.C.					
Principal Place of Business 1414 MARLIN DR. NAPLES, FL 34102			Mailing Address 1414 MARLIN DR. NAPLES, FL 34102		
2. Principal Place of Business 1414 Marlin Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7065 Suite, Apt. #, etc.			
City & State Naples FL 34102		City & State Naples FL 34101		4. FEI Number 253-62-9622	
Zip 34102		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOHN, CRAIG W ESQ C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP. 5801 PELICAN BAY BLVD, STE 300 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
8. The above named entry 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: <u>Franklin D Logan</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, FRANK 1414 MARLIN DR. NAPLES, FL 34102	<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 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: <u>Franklin D Logan</u>			Date: <u>4-11-05</u> (239) 776-3188		