

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066564

Entity Name: LOG CABIN PROPERTIES, LLC

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

2308 CHANTILLY TERRACE
OVIEDO, FL 32765

New Principal Place of Business:

702 GLADWIN AVE
FERN PARK, FL 32730

Current Mailing Address:

2308 CHANTILLY TERRACE
OVIEDO, FL 32765

New Mailing Address:

702 GLADWIN AVE
FERN PARK, FL 32730

FEI Number: 20-1692063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEATLEY, RUSSELL H
2308 CHANTILLY TERRACE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

JOHNSON, SETH T
702 GLADWIN AVE.
FERN PARK, FL 32730 US

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: SETH T. JOHNSON

01/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WHEATLEY, RUSSELL H
Address: 2308 CHANTILLY TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Delete
Name: JOHNSON, SETH T
Address: 702 GLADWIN AVE.
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, SETH T
Address: 702 GLADWIN AVE.
City-St-Zip: FERN PARK, FL 32730

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: SETH T. JOHNSON

MGRM

01/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date