


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90010 024 \*\*\*\*50.00

<b>DOCUMENT # L04000094373</b>	
1. Entity Name LOGOS CONSULTING GROUP LLC	

Principal Place of Business 7523 ALOMA AVENUE, SUITE 204 WINTER PARK, FL 32792	Mailing Address 7523 ALOMA AVENUE, SUITE 204 WINTER PARK, FL 32792
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2. Principal Place of Business 812 KINGSBRIDGE DR Suite, Apt. #, etc. OVIEDO FL City & State 32765 Zip Country	3. Mailing Address 812 KINGSBRIDGE DR Suite, Apt. #, etc. OVIEDO FL City & State 32765 Zip Country
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07122005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SILZER, SCOT A 1155 S. SEMORAN BLVD., SUITE 3-1142 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name <u>TOMAS C MORELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>812 Kingsbridge DR</u> City <u>OVIEDO</u> <u>FL</u> Zip Code <u>32765</u>	
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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 Tomas C Morell DATE July 12, 2005

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 7, 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 BORGHINO CONSULTORES EMPRESARIALES COL. DEL VALLE/DEL. BENITO JUAREZ C.P. 03100, MEXICO,D.F. MEX., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tomas C Morell TOMAS C. MORELL July 12, 2005 407-792-9172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #