

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


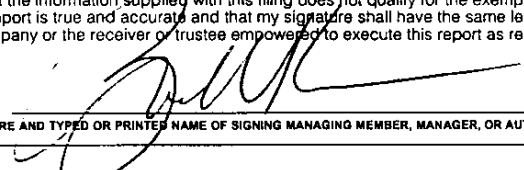
**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90198 048 \*\*\*\*50.00

**60016603**



02122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000003907</b>					
1. Entity Name LOGIX3, LLC					
Principal Place of Business 9143 PHILLIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32207			Mailing Address 9143 PHILLIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 11512 Lake Mead Ave.			3. Mailing Address 11512 Lake Mead Ave.		
Suite, Apt. #, etc. Building 100			Suite, Apt. #, etc. Building 100		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32256	Country Duval	Zip 32256	Country Duval	4. FEI Number 20-2152641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131-3209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KERN, BRUCE R 9143 PHILLIPS HWY., SUITE 540 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11512 Lake Mead Ave., Building 100 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSSITER, ALAN W 9143 PHILIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	11512 Lake Mead Ave., Building 100 Jacksonville, FL 32256	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 2/12/07 Daytime Phone #: 904-363-6178		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					