


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90103 003 ****50.00

DOCUMENT # L05000003964 1. Entity Name THE LOGO COMPANY, LLC					
Principal Place of Business 6738 GRANDE DRIVE BOCA RATON, FL 33433			Mailing Address 6738 GRANDE DRIVE BOCA RATON, FL 33433		
2. Principal Place of Business 6738 S. Grande Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State			
Zip 33433		Country PBC		Zip Country	
6. Name and Address of Current Registered Agent MERKIN, STEWART A ESQ. 444 BRICKELL AVE. SUITE 300 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
4. FEI Number 20-2198552					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERKIN, LINDA 6738 GRANDE DRIVE BOCA RATON, FL 33433 <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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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 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: <u>Linda Merkin Linda Merkin</u> <u>7/7/06</u> <u>561-883-1166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					