2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-17-2006 90090 023 ****50.00

DOCUMENT # L05000008237

1. Entity Name

J&M LOGGERHEAD, LLC

Principal Place of Business	Mailing Address
212 N. BAY HILLS BLVD SAFETY HARBOR FL 34695	212 N. BAY HILLS BLVD SAFETY HARBOR FL 34695

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
8135 Channel Dr.	8135 Channel Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey FL	City & State: Port Richey FL
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 20-2228988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Jeffrey H Baumrucker
Street Address (P.O. Box Number is Not Acceptable): 8135 Channel Dr.
City: Port Richey FL Zip Code: 34668

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: [signature] 5-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	REAL ESTATE EXCHANGE SERVICES, INC.	NAME	Jeffrey H Baumrucker
STREET ADDRESS	212 N. BAY HILLS BLVD	STREET ADDRESS	8135 Channel Dr.
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	Port Richey FL
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 5-7-06 727-847-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #