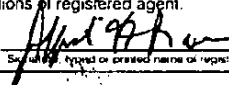
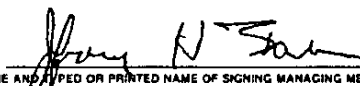


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 212 N. BAY HILLS BLVD SAFETY HARBOR FL 34695		Mailing Address 212 N. BAY HILLS BLVD SAFETY HARBOR FL 34695	
2. Principal Place of Business 8135 Channel Dr.		3. Mailing Address 8135 Channel Dr	
Suite, Apt. #, etc. #		Suite, Apt. #, etc.	
City & State Port Richey FL		City & State Port Richey FL	
Zip 34668		Zip 34668	
Country USA		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 		DATE 5-7-06	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM REAL ESTATE EXCHANGE SERVICES, INC. 212 N. BAY HILLS BLVD SAFETY HARBOR FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey H Baumrucker ☒ Change ☐ Addition 8135 Channel Dr. PORT Richey FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE: 5-7-06 727-847-6289	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	