2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 03, 2006 8:00 am Secretary of State 05-15-2006 90239 036 ****50.00

DOCUMENT # L05000091217 1. Entity Name LOGIK TOWER, LLC						30011990			
Principal Place of Business			Mailing Address						
200 S. BISCAYNE BLVD. 2730			200 S. BISCAYNE BLVD. 2730						
MIAMI, FL 33131 US			MIAMI, FL 33131 US			1.000000	8 0010) FINI 0011 0011 0018 0010	1878) (1879 HAR) 202 (FI	THE IN
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03092006	Chg-LLC C	R2E083 (11/05)	_
City & State			City & State			4. FEL Numb	5130255	1 /	plied For Applicable
Zip	Country		Zip Coun		itry	Certificate of Status Desired			
	6. Name	and Address of Current F	legistered Agent		Name	7. Name an	d Address of New Regist	ered Agent	
ARANGO, IN 200 S. BISC					Street Address (P.O. Box Number is Not Acceptable)				
2730 MIAMI, FL 33131							·		
·					City			FL Zip Cod	9
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: typed or profest name of registered agent and little if applicability (NOTE: Registered Agent signature required when remarkating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006								eck payable to surtment of State	
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/CHAI	NGES	
	MGRM AREVALO), JORGE E	C) Delete	TITL				Change	Addition
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE MIAMI, FL 33131			2730	STR	EET ADDRESS '-ST-ZIP				
TITLE		<u> </u>	☐ Delete	TITL	I			☐ Change	☐ Addition
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CITY-ST-ZIP				-1-	-ST-ZIP				
TITLE NAME			☐ Delets	TITL	- 1			☐ Change	☐ Addition
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CITY-ST-ZIP					/-SI-ZIP			Channe	
NAME			☐ Deleta	TITL NAM				☐ Change	☐ Adddion
STREET ADORESS CITY-ST-ZIP				cin	EET AODRESS 1-ST-ZIP				
11. Thereby certify that the information supplied with this filling 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 reserver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.									
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SIGNATURE: DEPENDENT OF PRINTED PAIR OF BOILING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DAM DAME PROVED DE PRINTED PROVED DE PRINTED DE PROVED									