

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121307

Entity Name: FSI LOGISTICS, LLC

FILED  
Feb 02, 2006  
Secretary of State

**Current Principal Place of Business:**

1217 CAPE CORAL PARKWAY EAST, SUITE 345  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1217 CAPE CORAL PARKWAY EAST, SUITE 345  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 88-0482082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BOULEVARD, STE 320  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

SHEPHERD, BARRY  
1217 CAPE CORAL PKWY E  
#345  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: BARRY SHEPHERD

02/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: SHEPHERD, BARRY  
Address: 1217 CAPE CORAL PKWY E #345  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY SHEPHERD

PRES

02/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date