

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011313

FILED
Jul 02, 2007
Secretary of State

Entity Name: LOGAN COMMERCIAL OFFICE CENTER, LLC

Current Principal Place of Business:

8810 ASTRONAUT BLVD.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

400 IMPERIAL BLVD
CAPE CANAVERAL, FL 32920

Current Mailing Address:

8810 ASTRONAUT BLVD.
CAPE CANAVERAL, FL 32920

New Mailing Address:

PO BOX 9002
CAPE CANAVERAL, FL 32920

FEI Number: 20-4999549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAYS, WILLIAM R
8810 ASTRONAUT BLVD.
CAPE CANAVERAL, FL 32920 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYS, WILLIAM R
Address: 8810 ASTRONAUT BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: O'DANIEL, BERCHE E
Address: 8810 ASTRONAUT BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM R. MAYS

MGR

07/02/2007

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