2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# L06000011313

Entity Name: LOGAN COMMERCIAL OFFICE CENTER, LLC

Current Principal Place of Business:

400 IMPERIAL BLVD
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

PO BOX 9002
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 20-4999549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAYS, WILLIAM R
400 IMPERIAL 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: WILLIAM R MAYS 07/03/2008
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, BERCHET E
Address: 8810 ASTRONAUT BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAYS, WILLIAM R
Address: 400 IMPERIAL BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR (X) Change ( ) Addition
Name: O'DANIEL, BERCHET E
Address: 400 IMPERIAL BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

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: 400 IMPERIAL BLVD MGR 07/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date