


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90148 032 ****50.00

DOCUMENT # L06000048811	
1. Entity Name LOGAN'S LAWNS, LLC	

Principal Place of Business 23 ALAFAYA WOODS BLVD STE 312 OVIEDO, FL 32765 US	Mailing Address 23 ALAFAYA WOODS BLVD STE 312 OVIEDO, FL 32765 US
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60004444



2. Principal Place of Business - No P.O. Box # 23 Alafaya Woods Blvd Suite, Apt. #, etc. PMB 312 City & State Oviedo, Florida Zip 32765 Country USA	3. Mailing Address 23 Alafaya Woods Blvd Suite, Apt. #, etc. PMB 312 City & State Oviedo, Florida Zip 32765 Country USA
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01132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4861875	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOGAN, MICHAEL L 23 ALAFAYA WOODS BLVD STE 312 OVIEDO, FL 32765
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7. Name and Address of New Registered Agent Name Logan, Sara J Street Address (P.O. Box Number is Not Acceptable) 433 Alafaya Woods Blvd Apt G City Oviedo FL Zip Code 32765

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 Sara Logan Sara Logan Managing member 01/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, MICHAEL L 433 ALAFAYA WOODS BLVD, APT G OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, SARA J 433 ALAFAYA WOODS BLVD, APT G OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sara Logan Sara Logan 01/17/07 407-977-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #