

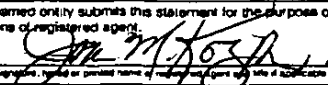
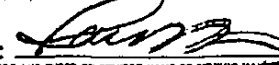
FILED
Jun 01, 2007 8:00 am
Secretary of State

4/1

4.

04-19-2007 90039 004 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000072519			
1. Entity Name LOGUE EAGLE WATCH, LLC			
Principal Place of Business 12730 NEW BRITTANY BLVD. SUITE 407 FT. MYERS, FL 33907		Mailing Address 12730 NEW BRITTANY BLVD. SUITE 407 FT. MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 6296 CORPORATE COURT		3. Mailing Address 6296 CORPORATE COURT	
Suite, Apt. #, etc. B-102		Suite, Apt. #, etc. B-102	
City & State FT. MYERS FL		City & State FT. MYERS FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
04132007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-5241421	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. C/O HUNTER J BROWNLEE 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, printed or printed name of registered agent and title if applicable		DATE 5/15/07 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 MEMBER		TITLE ☐ Change ☐ Addition	
NAME PATRICK LOGUE		NAME	
STREET ADDRESS 6296 CORPORATE CT B102		STREET ADDRESS	
CITY-STATE-ZIP FT. MYERS FL 33919		CITY-STATE-ZIP	
TITLE MANAGER		TITLE ☐ Change ☐ Addition	
NAME JOHN M. KOZAK		NAME	
STREET ADDRESS 6296 CORPORATE CT B102		STREET ADDRESS	
CITY-STATE-ZIP FT. MYERS FL 33919		CITY-STATE-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 registered employee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  member		Date 4-15-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 239-333-1137	

30009354

