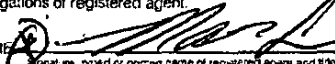
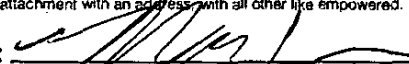


FILED
Apr 19, 2004 8:00 am
Secretary of State

03-22-2004 90071 019 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000032821			
1. Entity Name LOGGERHEAD PROPERTIES, INC.			
Principal Place of Business 320 LEEWARD DR. JUPITER, FL 33477		Mailing Address 320 LEEWARD DR. JUPITER, FL 33477	
2. Principal Place of Business 725 NORTH A1A SUITE C108 JUPITER, FLORIDA 33477		3. Mailing Address 725 NORTH A1A SUITE C108 JUPITER, FLORIDA 33477	
4. FEI Number 01-0630172		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SINGER, JAY S 320 LEEWARD DR. JUPITER, FL 33477		7. Name and Address of New Registered Agent Name MATHEW T. SHAW Street Address (P.O. Box Number is Not Acceptable) 725 NORTH A1A SUITE C108 JUPITER, FL 33477	
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  (NOTE: Registered Agent signature required when reconstituting) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, JAY S 320 LEEWARD DR. JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, MATHEW T 320 LEEWARD DR. JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, RENEE O 320 LEEWARD DR. JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, KATE M 320 LEEWARD DR. JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/14/04 561 748-6160 Days/Time Phone #	