


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 17 AM 10:53

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LOGAN WEST PALM BEACH ASSOCIATES, L.P.		1a. DOCUMENT # B98000000101			
Mailing Address 11540 HIGHWAY 92 EAST SEFFNER FL 33584		Principal Office Address 11540 HIGHWAY 92 EAST SEFFNER FL 33584		3. Date Formed or Registered 02/13/1998	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation DE	
				5a. Capital Contributions as Shown on record. \$990.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

mtm
11/19



9. Name and Address of Current Registered Agent SCHWARTZ, LARRY 11540 HIGHWAY 92 EAST SEFFNER FL 33584		10. If changed, new Registered Agent/Office	
		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		400002695144--8 -11/24/98--01037--007 ***141.25 ***141.25 FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LOGAN WEST PALM BEACH REALTY	11540 HIGHWAY 92 EAST	SEFFNER FL 33584	F98000000881

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 629, Florida Statutes.

SIGNATURE *Lewis Stein* SECRETARY OF GENERAL PARTNERSHIP DATE **NOV 12 1998**
 Typed or Printed Name of General Partner Signing Form **LEWIS STEIN** Telephone Number **813 623 0900**

CR2E003 (8/98)