

B98000000101

2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 OCT 26 PM 12:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11/10/04
 WL



DOCUMENT # B98000000101
 1. Entity Name
 LOGAN WEST PALM BEACH ASSOCIATES, L.P.

Principal Place of Business: 11540 HIGHWAY 92 EAST, SEFFNER, FL 33584
 Mailing Address: 11540 HIGHWAY 92 EAST, SEFFNER, FL 33584

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



10202004 REIN-LP CR2E100 (6/04)

6. Name and Address of Current Registered Agent
 STEIN, LEWIS
 C/O ROOMS TO GO INC
 11540 HIGHWAY 92 EAST
 SEFFNER, FL 33584

4. FEI Number: 59-3492305
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$2,400,000.00
 10. Amount of Capital Contributions in FLORIDA to date: _____

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000000881	STREET ADDRESS	
NAME	LOGAN WEST PALM BEACH REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	11540 HIGHWAY 92 EAST		
CITY-ST-ZIP	SEFFNER, FL 33584		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SECRETARY OF** _____ **GENERAL PARTNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 10/25/04 Daytime Phone #