


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Mar 18, 2005 08:00 AM  
Secretary of State**

|   |                                    |   |  |  |                |
|---|------------------------------------|---|--|--|----------------|
| DOCUMENT # B98000000101   |                                    |   |  |         |                |
| 1. Entity Name<br>LOGAN WEST PALM BEACH ASSOCIATES, L.P.  |                                    |   |  |  |                |
| Principal Place of Business<br>11540 HIGHWAY 92 EAST<br>SEFFNER, FL 33584   |                                    | Mailing Address<br>11540 HIGHWAY 92 EAST<br>SEFFNER, FL 33584 |  |  |                |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |  |  |                |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |  |  |                |
| City & State  |                                    | City & State  |  | 4. FEI Number<br>59-3492305  |                |
| Zip   |                                    | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |
| 6. Name and Address of Current Registered Agent   |                                    |   | 7. Name and Address of New Registered Agent        |  |                |
| STEIN, LEWIS<br>C/O ROOMS TO GO INC<br>11540 HIGHWAY 92 EAST<br>SEFFNER, FL 33584   |                                    |   | 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 _____   |                                    |   |  | DATE _____   |                |
| 9. Capital Contributions as Shown on record. \$2,400,000.00   |                                    |   |  | 10. Amount of Capital Contributions in FLORIDA to date.                                  |                |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                    |   |  |  |                |
| 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  |  |                |
| STREET ADDRESS  |                                    |   |  |  |                |
| CITY-ST-ZIP   |                                    |   |  |  |                |
| DOCUMENT #  |                                    |   | STREET ADDRESS                                     |  |                |
| NAME  |                                    |   | CITY-ST-ZIP  |  |                |
| STREET ADDRESS  |                                    |   |  |  |                |
| CITY-ST-ZIP   |                                    |   |  |  |                |
| DOCUMENT #  |                                    |   | STREET ADDRESS                                     |  |                |
| NAME  |                                    |   | CITY-ST-ZIP  |  |                |
| STREET ADDRESS  |                                    |   |  |  |                |
| CITY-ST-ZIP   |                                    |   |  |  |                |
| DOCUMENT #  |                                    |   | STREET ADDRESS                                     |  |                |
| NAME  |                                    |   | CITY-ST-ZIP  |  |                |
| STREET ADDRESS  |                                    |   |  |  |                |
| CITY-ST-ZIP   |                                    |   |  |  |                |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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                       |  | 3/7/05         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                    |   | Date   |  | Day/mo Phone # |



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