


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020963 FP

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

03 APR 18 AM 11:58

Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER FL 33584	Mailing Address 11540 HIGHWAY 92 EAST SEFFNER FL 33584
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

DUE BY MAY 1, 2003	
4. FEI Number 59-3492305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEIN, LEWIS C/O ROOMS TO GO INC 11540 HIGHWAY 92 EAST SEFFNER FL 33584	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	F9800000881 LOGAN WEST PALM BEACH REALTY CORP. 11540 HIGHWAY 92 EAST SEFFNER FL 33584	STREET ADDRESS CITY-ST-ZIP	200016321302 04/18/03--01039--011 **526.25
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STAPLE CHECK HERE

SECRETARY OF STATE

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: *Stefan P. Recio* SECRETARY OF GENERAL PARTNER APR 14 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #