

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001387

Entity Name: ELOGIC LEARNING LTD.

**FILED**  
**Jan 29, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

4893 WEST WATERS AVE.  
SUITE E  
TAMPA, FL 33634

**New Principal Place of Business:**

8184 WOODLAND CENTER BLVD  
TAMPA, FL 33614

**Current Mailing Address:**

4893 WEST WATERS AVE.  
SUITE E  
TAMPA, FL 33634

**New Mailing Address:**

8184 WOODLAND CENTER BLVD  
TAMPA, FL 33614

FEI Number: 59-3748554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLASKAY, NICHOLAS  
4893 WEST WATERS AVE.  
SUITE E  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

FLASKAY, NICHOLAS  
8184 WOODLAND CENTER BLVD  
TAMPA, FL 33614 US

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.

SIGNATURE: NICHOLAS FLASKAY

01/29/2004

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 990.00

**Amount of Capital Contributions in Florida to date:** 990.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: ELOGIC GP, INC.  
Address: 4893 WEST WATERS AVE.  
City-St-Zip: TAMPA, FL 33634

Address: 8184 WOODLAND CENTER BLVD  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELOGIC GP, INC.

01/29/2004

Electronic Signature of Signing General Partner

Date