


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000001072	
1. Entity Name LOGUE VENTURES, LTD.	

Principal Place of Business 6076 EAGLE WATCH COURT N. FT. MYERS, FL 33917	Mailing Address 6076 EAGLE WATCH COURT N. FT. MYERS, FL 33917
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2. Principal Place of Business - No P.O. Box # 6296 CORPORATE COURT	3. Mailing Address 6296 CORPORATE COURT
Suite, Apt. #, etc. B-102	Suite, Apt. #, etc. B-102
City & State FT. MYERS FL	City & State FT. MYERS
Zip 33919	Country USA
Zip 33919	Country FL

04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1376428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOGUE, PATRICK 6076 EAGLE WATCH COURT N. FT. MYERS, FL 33917

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6296 CORPORATE COURT B-102 City FT. MYERS FL Zip Code 33919

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 PATRICK LOGUE DATE 4-15-07

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	LOGUE, PATRICK	STREET ADDRESS	6296 CORPORATE COURT # B-102
NAME	6076 EAGLE WATCH COURT	CITY-ST-ZIP	FT. MYERS FL 33919
STREET ADDRESS	N. FORT MYERS, FL 33917		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100101440861
NAME		CITY-ST-ZIP	05/03/07--01055--006 **\$500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 exemptions contained in Chapter 119, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-07 239-333-1137
Date Daytime Phone #

STAPLE CHECK HERE