

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

DOCUMENT # A0400001281

1. Entity Name

LOFGREN LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

Principal Place of Business: 3428 SAHARA SPRINGS DRIVE, POMPANO BEACH FL 33069  
Mailing Address: 3428 SAHARA SPRINGS DRIVE, POMPANO BEACH FL 33069

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E003 (10/05)

4. FEI Number: AP-PLIED FOR  
Applied For / Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VASALLO, CHRISTOPHER D ESQ.  
2605 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	L04000052059	STREET ADDRESS	
NAME	LOFGREN LLC	CITY-ST-ZIP	800068092408
STREET ADDRESS	3428 SAHARA SPRINGS DRIVE		03/29/06 01013 027 **500.00
CITY-ST-ZIP	POMPANO BEACH FL 33069	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/06 (954) 984-4354  
Date Daytime Phone #

STAPLE CHECK HERE