


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A04000001281		
1. Entity Name LOFGREN LIMITED PARTNERSHIP		

FILED

2007 APR 23 AM 10:49



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

Principal Place of Business 3428 SAHARA SPRINGS DRIVE POMPAÑO BEACH FL 33069	Mailing Address 3428 SAHARA SPRINGS DRIVE POMPAÑO BEACH FL 33069
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip - - - Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip - - - Country - -
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4. FEI Number 20-2569782 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

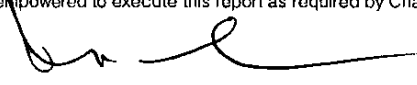
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	L04000052059 LOFGREN LLC 3428 SAHARA SPRINGS DRIVE POMPAÑO BEACH FL 33069	STREET ADDRESS CITY-STATE-ZIP	
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200101348472
05/03/07--01013--003 **500.00

STAPLE CHECK HERE

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:  **4-14-07 954 984-4354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #