

2000 UNIFORM BUSINESS REPORT (UBR)

U-1 1134 AF

DOCUMENT # A30156
 1. Entity Name
LOGGERHEAD ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
 P.O. BOX 1929
 DELRAY BEACH FL 33447-1929

Mailing Address
 P.O. BOX 1929
 DELRAY BEACH FL 33447-1929



2. Principal Place of Business
 151 Sawgrass Corners Drive
 Suite, Apt. #, etc.
 # 202
 City & State
 Ponte Vedra Bch, FL 32082
 Zip Country

3. Mailing Address
 Same as # 2
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0234900
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERBER, PAUL S.
 363 ATLANTIC BLVD., SUITE 3-A
 ATLANTIC BEACH FL 32233

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$107,500.00
 10. Amount of Capital Contributions in FLORIDA to date. \$107,500.00
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L83629	STREET ADDRESS	151 Sawgrass Corners Drive, # 202
NAME	LOGGERHEAD ONE CORP.	CITY - ST - ZIP	Ponte Vedra Beach, FL 32082
STREET ADDRESS	1032 E. ATLANTIC AVE.		
CITY - ST - ZIP	DELRAY BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

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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: **PAUL S. FERBER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date 4-26-00 Daytime Phone #