## 2002 UNIFORM BUSINESS REPORT (UBR)

## APPROVED A31228 DOCUMENT # 1. Entity Name 02 APR 26 PM 2: 44 LOGAN LARGO ASSOCIATES, L.P., LTD. SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 11540 HIGHWAY 92 EASTSUITE 25 11540 HIGHWAY 92 EASTSUITE 25 SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3025054 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lewis St<u>ein</u>-THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) **c/o Rooms To Go** 1201 HAYS STREET SUITE 105 11540 Highway 92 East TALLAHASSEE FL 32301 Zip Code 33584 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. GENERAL PARTNER APR 19 2003 SIGNATURE Signature, typed or o registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$1,476,311.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY P35087 DOCUMENT # STREET ADDRESS LOGAN LARGO REALTY CORP. NAME 11540 HIGHWAY 92 WEST STREET ADDRESS 900005449429 CITY-ST-ZIP CITY-ST-7IP LAKELAND FL <u>-05/03/02--01035--</u>003 \*\*\*\*526.25 \*\*\*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT ( STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 🏂 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 lebort as required by Chapter 620, Florida Statutes. ECRETARY OF

SIGNATURE:

RE REQUIRED PPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GENERAL PARTNER

APR 19 2007