

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31228**

1. Entity Name  
**LOGAN LARGO ASSOCIATES, L.P., LTD.**



Principal Place of Business  
**11540 HIGHWAY 92 EAST SUITE 25  
SEFFNER FL 33584**

Mailing Address  
**11540 HIGHWAY 92 EAST SUITE 25  
SEFFNER FL 33584**

**FILED**

**03 APR 18 AM 11:59**

SECRETARY OF  
TREASURY  
TALLAHASSEE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3025054**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, LEWIS  
C/O ROOMS TO GO  
11540 HIGHWAY 92 EAST  
SEFFNER FL 33584**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,476,311.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>P35087</b>
NAME	<b>LOGAN LARGO REALTY CORP.</b>
STREET ADDRESS	<b>11540 HIGHWAY 92 WEST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
DOCUMENT #	
NAME	
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**000016321400**

**04/18/03--01039--014 \*\*526.25**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF  
GENERAL PARTNER

Date

Daytime Phone #

10/10/03

0020967 FP

STAPLE CHECK HERE