



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 NOV 17 AM 10:57</p> <p style="text-align: right;"><i>mtm</i> 11/19</p> 	
1. Name of Limited Partnership LOGAN FOWLER AVENUE ASSOCIATES, L.P., LTD.		1a. DOCUMENT # <div style="border: 1px solid black; padding: 5px; display: inline-block;"> A31870 </div>			
Mailing Address 11540 HWY 92 E SEFFNER FL 33584		Principal Office Address 11540 HWY 92 E SEFFNER FL 33584		3. Date Formed or Registered 08/14/1991	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 09/23/1997	
4. State or Country of Formation DE		5a. Capital Contributions as Shown on record. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$1,928,349.00 </div>			
6. FEI Number 59-3055062		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent BEYER, DAVID A. C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA FL 33602-5133					
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) LOGAN-FOWL AVE RLTY CORP		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11540 HWY 92 E		11b. City, State & Zip Code SEFFNER FL 33584	
11c. Registration/Document Number P35085		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 300002695383--3 -11/24/98--01055--018 ***526.25 ****526.25 </div>			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____		SECRETARY OF GENERAL PARTNER			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (8/98)