

A 318710

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A31870 1. Entity Name LOGAN FOWLER AVENUE ASSOCIATES, L.P., LTD.						FILED 2004 OCT 26 PM 12:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA LR 11/10/04	
Principal Place of Business 11540 HWY 92 E SEFFNER, FL 33584				Mailing Address 11540 HWY 92 E SEFFNER, FL 33584			
REINSTATEMENT 2004 Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BEYER, DAVID A. C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602-5133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;"><small>DATE</small></div>							
9. Capital Contributions as Shown on record. \$1,928,349.00				10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P35085			STREET ADDRESS			
NAME	LOGAN-FOWL AVE RLTY CORP			CITY-ST-ZIP			
STREET ADDRESS	11540 HWY 92 E			CITY-ST-ZIP			
CITY-ST-ZIP	SEFFNER, FL 33584			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS	500042781025		
NAME				CITY-ST-ZIP	11/16/04 01033 001 **1026.25		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				SECRETARY OF GENERAL PARTNER Date _____ Daytime Phone # _____			

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