

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001428</b> 1. Entity Name <b>ROBERT R. LOGAN LIMITED PARTNERSHIP I</b>	
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Principal Place of Business <b>3011 EUCLID AVENUE TAMPA FL 33629</b>	Mailing Address <b>3011 EUCLID AVENUE TAMPA FL 33629</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3282442</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOGAN, ROBERT R 3011 EUCLID AVENUE TAMPA FL 33629</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 Robert R. Logan DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$333,200.00** 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 #	LOGAN, ROBERT R TRUSTEE	STREET ADDRESS	
NAME	3011 EUCLID AVENUE	CITY- ST- ZIP	000000235456 02/19/05-80003-019 526.25
STREET ADDRESS	TAMPA FL 33629		
CITY- ST- ZIP			
DOCUMENT #	LOGAN, MARTHA SUE TRUSTEE	STREET ADDRESS	
NAME	3011 EUCLID AVENUE	CITY- ST- ZIP	
STREET ADDRESS	TAMPA FL 33629		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY- ST- ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert R. Logan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone if

STAPLE CHECK HERE