

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001428

1. Entity Name
ROBERT R. LOGAN LIMITED PARTNERSHIP I



Principal Place of Business
**3011 EUCLID AVENUE
TAMPA, FL 33629**

Mailing Address
**3011 EUCLID AVENUE
TAMPA, FL 33629**



03162006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3282442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOGAN, ROBERT R
3011 EUCLID AVENUE
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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

DATE

24 March 2006

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOGAN, ROBERT R TRUSTEE
3011 EUCLID AVENUE
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOGAN, MARTHA SUE TRUSTEE
3011 EUCLID AVENUE
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000482745
04/11/06-80087-026 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3-24-06

813-837-3639

STAPLE CHECK HERE