

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001262

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** GARY OWEN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1099 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1099 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-3661098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HINMAN, ROY H M.D.  
1099 A1A BEACH B LVD  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HINMAN, ROY A

Address: 1099 A1A BEACH BLVD

City-St-Zip: ST AUGUSTINE, FL 32080

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROY H. HINMAN

MD

03/15/2007

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date