


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A07000000898</b>	
1. Entity Name <b>LOWMAN FAMILY, LLLP</b>	

**FILED**

**08 FEB -8 PM 2:32**



1st MOORE CR2E003 (10/07)

Principal Place of Business <b>13201 OLD CRYSTAL RIVER ROAD TALLAHASSEE FL 34601</b>	Mailing Address <b>13201 OLD CRYSTAL RIVER ROAD TALLAHASSEE FL 34601</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State <b>Brooksville</b>	City & State <b>Brooksville</b>
Zip Country	Zip Country

4. FEI Number <b>26-063129</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LOWMAN, MATTHEW E 13201 OLD CRYSTAL RIVER ROAD TALLAHASSEE FL 34601</b>	
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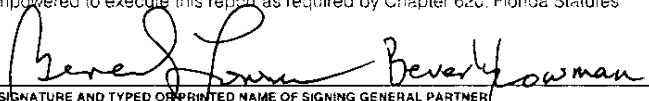
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>Brooksville</b> <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered 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 date if applicable.</small>	DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>LOWMAN, MATTHEW E 13201 OLD CRYSTAL RIVER ROAD TALLAHASSEE FL 34601</b>	STREET ADDRESS CITY-ST-ZIP	<b>Brooksville</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>LOWMAN, BEVERLY 13201 OLD CRYSTAL RIVER ROAD TALLAHASSEE FL 34601</b>	STREET ADDRESS CITY-ST-ZIP	<b>300118072183 02/14/08--01045--008 **500.00 Brooksville</b>
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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:  <b>Beverly Lowman</b>	Date <b>1/26/08</b> <b>352 796 3049</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE