2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A00000000589

1. Entity Name
ROWE FAMILY LIMITED PARTNERSHIP



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

81 SEAGATE DRIVE, UNIT 1201 NAPLES, FL 34103 Mailing Address

81 SEAGATE DRIVE, UNIT 1201 NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

03082008 No Chg-LP CR2E003 (11/05)

4. FEI Number 06-1575077 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, DAVID C 81 SEAGATE DRIVE, UNIT 1201 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered	i office or registered agent, or br	oth, in the State of Florida.	i am familiar with.	and accept
	the obligations of registered agent.			·	
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SIGNATURE -

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 INFORMATIO		GENERAL PARTNER INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROWE, DAVID C 81 SEAGATE DRIVE, UNIT 1201 NAPLES, FL 34103
` 	DOCUMENT & STREET ADDRESS CITY-ST-ZIP	
•	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	-
ERE	Document # Name Street address City-SI-ZIP	
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
STAPL	Document # NAMC STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Flonda 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 resolved by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/8/06

239-643-2536

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