

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000589**

1. Entity Name  
**ROWE FAMILY LIMITED PARTNERSHIP**

81 SEAGATE DRIVE, UNIT 1201  
NAPLES, FL 34103



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**



04192007 No Chg-LP

CR2E003 (12/06)

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*David C Rowe*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

*4/19/07*

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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	<b>ROWE, DAVID C</b>
STREET ADDRESS	<b>81 SEAGATE DRIVE, UNIT 1201</b>
CITY-ST-ZIP	<b>NAPLES, FL 34103</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/04/07-80038-011 500.00

**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:

*David C Rowe*