


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001422 1. Entity Name COWAN FAMILY PROPERTIES, LTD., LLLP					
Principal Place of Business 2395 HARBOR BLVD., UNIT 324-B PORT CHARLOTTE, FL 33952			Mailing Address 3290 SANDLEWOOD LANE, #2 FORT MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1040631	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRISTEN C. LARUE 3290 SANDLEWOOD LANE, #2 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990,000.00			10. Amount of Capital Contributions in FLORIDA to date. 990,000.00		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COWAN, CHARLES F., JR., TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	2395 HARBOR BLVD., UNIT 324-B				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: _____ Daytime Phone # _____ <small>SIGNATURE OF GENERAL PARTNER OR REGISTERED AGENT</small>					

STAPLE CHECK HERE



03022005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1040631 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRISTEN C. LARUE
 3290 SANDLEWOOD LANE, #2
 FORT MYERS, FL 33907

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

9. Capital Contributions as Shown on record. **\$990,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **990,000.00**

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

13. ADDRESS CHANGES ONLY

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 STREET ADDRESS 2395 HARBOR BLVD., UNIT 324-B
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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SIGNATURE: _____ **DATE:** _____ **Daytime Phone #** _____
SIGNATURE OF GENERAL PARTNER OR REGISTERED AGENT