

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 10:18

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 3290 SANDLEWOOD LN. #2		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232006 Chg-LP CR2E003 (11/05)	
City & State Fort Myers, FL		City & State		4. FEI Number 65-1040631	
Zip 33907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 <i>Kristen C. Larue</i> KRISTEN C. LARUE Jan. 23, 2006 <small>Signature, typed or printed name of registered agent, alternate if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	3290 SANDLEWOOD LN. #2	
STREET ADDRESS	KRISTEN C. LARUE		CITY-ST-ZIP	FORT MYERS, FL 33907	
CITY-ST-ZIP	3290 SANDLEWOOD LANE, #2324-B FORT MYERS, FL 33907		STREET ADDRESS		
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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: <i>Kristen C. Larue</i> KRISTEN C. LARUE 1/23/06 239-936-1033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE