


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 10 AM 9:17

DOCUMENT # A0000001422

1. Entity Name
 COWAN FAMILY PROPERTIES, LTD., LLLP



Principal Place of Business
 3290 SANDLEWOOD LANE
 FORT MYERS, FL 33907

Mailing Address
 3290 SANDLEWOOD LANE
 FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #
3290 SANDLEWOOD LN.

3. Mailing Address
3290 SANDLEWOOD LN.


Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

City & State
 City & State

Zip
 Country

Zip
 Country



01082007 Chg-LP CR2E003 (12/06)

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KRISTEN C. LARUE 3290 SANDLEWOOD LANE #2 FORT MYERS, FL 33907	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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: Kristen C. Larue **KRISTEN C. LARUE** 1/8/07 239-936-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #