

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001553

**FILED**  
**Mar 06, 2008**  
**Secretary of State**

**Entity Name:** ROBERT R. COWIE, D.D.S. AND JOHN E. CRAIG, D.D.S., LLLP

**Current Principal Place of Business:**

6223 SAUTERNE DRIVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

6223 SAUTERNE DRIVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-3755961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, TODD ATTY  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: COWIE, ROBERT R D.D.S.

Address: 6223 SAUTERNE DRIVE

City-St-Zip: JACKSONVILLE, FL 32210

Document #:

Name: CRAIG, JOHN E D.D.S.

Address: 6223 SAUTERNE DRIVE

City-St-Zip: JACKSONVILLE, FL 32210

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT R. COWIE

MGR

03/06/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date