


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001365		
1. Entity Name THE ROWELL FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES, FL 33134-5101	Mailing Address 220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES, FL 33134-5101	



04182008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0593733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AXMAN, MICHAEL B
2601 SOUTH BAYSHORE DRIVE, SUITE 1600
MIAMI, FL 33133**

**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 _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P02000110196
NAME	ROWELL FAMILY CORP.
STREET ADDRESS	220 ALHAMBRA CIRCLE, FIFTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 331345101
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

U00000930702
05/21/08-80119-017 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ROWELL FAMILY LP
MICHAEL W. MILL**

4-18-08

305.476.5612

Date

Daytime Phone #

STAPLE CHECK HERE