

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A03000000656

1. Entity Name

COWLEY FAMILY INVESTMENTS LIMITED PARTNERSHIP



SEC. 119, 2005
 DIVISION OF FLORIDA STATE
 TIGERS

06 FEB 24 AM 10:05

Principal Place of Business

2601 S.W. 37TH AVENUE, SUITE 905
 MIAMI FL 33133

Mailing Address

2601 S.W. 37TH AVENUE, SUITE 905
 MIAMI FL 33133

2. Principal Place of Business

1561 Bella Vista Ave

3. Mailing Address

1561 Bella Vista Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

NO-T APPLICABLE

Applied For
 Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

1st MOORE CR2E003 (10/05)



6. Name and Address of Current Registered Agent

CHRYSTAL, NEIL R
 C/O DUNWODY WHITE & LANDON, P.A.
 550 BILTMORE WAY, SUITE 810
 CORAL GABLES FL 33134

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	L03000015279	STREET ADDRESS	1561 Bella Vista Ave
NAME	COWLEY FAMILY INVESTMENTS, LLC	CITY-ST-ZIP	CORAL Gables FL 33156
STREET ADDRESS	2601 S.W. 37TH AVENUE, SUITE 905	STREET ADDRESS	400067301764
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	03/07/06-01016--027 **\$500.00
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

ANARES Cowley 2/1/06 305-342-0736

Date

Daytime Phone #

STAPLE CHECK HERE