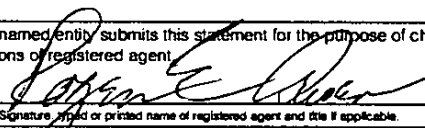
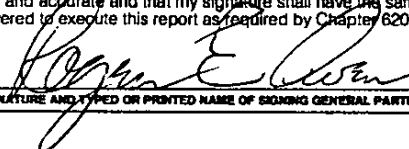


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A14584 1. Entity Name R.E. OWEN & ASSOCIATES, LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG -3 AM 10:23	
Principal Place of Business 1024 NANCY CIRCLE WINTER SPRINGS, FL 32708				Mailing Address 1024 NANCY CIRCLE WINTER SPRINGS, FL 32708			
2. Principal Place of Business 532 S. Econ Circle		3. Mailing Address 532 S. Econ Circle					
Suite, Apt. #, etc. Suite 160		Suite, Apt. #, etc. Suite 160					
City & State Oviedo, Florida		City & State Oviedo, Florida					
Zip 32765		Country Seminole		Zip 32765		Country Seminole	
4. FEI Number 59-2182575				Applied For Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OWEN, ROGER E. 1024 NANCY CIRCLE WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 532 S. Econ Circle, Suite 160 City Oviedo FL Zip Code 32765			
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  ROGER E. OWEN 7-14-05 Signature typed or printed name of registered agent and title if applicable. DATE							
9. Capital Contributions as Shown on record. \$460,000.00				10. Amount of Capital Contributions in FLORIDA to date. Same 7-14-05			
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 OWEN, ROGER E. STREET ADDRESS 1024 NANCY CIRCLE CITY-ST-ZIP WINTER SPRINGS, FL				STREET ADDRESS 532 S. Econ Circle, Suite 160 CITY-ST-ZIP Oviedo, Fl. 32765			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ROGER E. OWEN 7-14-05 407-971-6300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #							

STAPLE CHECK HERE