2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -3 AM 10: 23

DOCUMENT # A14584

1. Entity Name
R.E. OWEN & ASSOCIATES, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1024 NANCY CIRCLE WINTER SPRINGS, FL 32708	1024 NANCY CIRCLE WINTER SPRINGS, FL 32708

07142005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
532 S. Econ Circle		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 [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 #		STREET ADDRESS	532 S. Econ Circle, Suite 160
NAME	OWEN, ROGER E.		
STREET ADDRESS	1024 NANCY CIRCLE	CITY-ST-ZIP	Oviedo, Fl. 32765
CITY-ST-ZIP	WINTER SPRINGS, FL		
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STAPLE CHECK HERE

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: [signature] ROGER E. OWEN 7-14-05 407-971-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #