
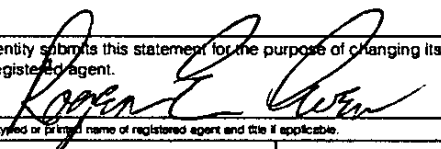
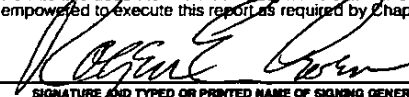


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 19 AM 9:04

DOCUMENT # A27421			
1. Entity Name MYERS & OWEN LIMITED PARTNERSHIP			
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 32765		City & State Oviedo, FL 32765	
Zip 32765	Country Seminole	Zip 32765	Country Seminole
4. FEI Number 59-2901660		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07122005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWEN, ROGER E. 1024 NANCY CIRCLE WINTER SPRINGS, FL 32708		Name Street Address (P.O. Box Number is Not Acceptable) 532 S. Econ Circle, Suite 160 Oviedo, Florida 32765 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		DATE 7-14-05	
9. Capital Contributions as Shown on record. \$800.00		10. Amount of Capital Contributions in FLORIDA to date. same July 14, 2005	
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 #	OWEN, ROGER E.	STREET ADDRESS	532 S. Econ Circle, Suite 160
NAME	1024 NANCY CIRCLE	CITY-ST-ZIP	Oviedo, FL 32765
STREET ADDRESS	WINTER SPRINGS, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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