


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Mar 08, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A30591</b>	
1. Entity Name ORAVEC ENTERPRISES, LTD.	

Principal Place of Business 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	Mailing Address 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 59-3028703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LOWMAN, BEVERLY  
13201 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	TAYLOR, SHARON O.	STREET ADDRESS	
NAME	13209 OLD CRYSTAL RIVER RD	CITY-ST-ZIP	
STREET ADDRESS	BROOKSVILLE FL 34601		
CITY-ST-ZIP			000000090078
DOCUMENT #	LOWMAN, BEVERLY	STREET ADDRESS	03/17/04-80002-005 526.25
NAME	13201 OLD CRYSTAL RIVER RD	CITY-ST-ZIP	
STREET ADDRESS	BROOKSVILLE FL 34601		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Beverly Lowman Beverly Lowman 3/4/04 3527963049