


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Feb 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # **A30591**
1. Entity Name
ORAVEC ENTERPRISES, LTD.



Principal Place of Business Mailing Address
**13201 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601** **13201 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601**

2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**LOWMAN, BEVERLY
13201 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601**

4. FEI Number **59-3028703** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

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

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record **\$10,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

**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

DOCUMENT #	
NAME	TAYLOR, SHARON O.
STREET ADDRESS	13209 OLD CRYSTAL RIVER RD
CITY - ST - ZIP	BROOKSVILLE FL 34601
DOCUMENT #	
NAME	LOWMAN, BEVERLY
STREET ADDRESS	13201 OLD CRYSTAL RIVER RD
CITY - ST - ZIP	BROOKSVILLE FL 34601
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	

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02/08/05-80056-009 526.25

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 1/24/05 3527963049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE