



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A30591 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 1st MOORE CR2E003 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3028703	Applied For Not Applicable
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 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 02/07/07-80069-010 500.00	

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/29/07 (352) 796-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #