


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Feb 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # A30591 1. Entity Name ORAVEC ENTERPRISES, LTD.	
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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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1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3028703	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent LOWMAN, BEVERLY 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	
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5. Certificate of Status Desired <input type="checkbox"/> \$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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000812151
CITY-ST-ZIP	02/12/08-80036-001 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 exemptions contained in Chapter 110, 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 1/26/08 352796-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dying Phone #