

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -1 PM 1:39

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002325

JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

JAMES R. LOWRY, SR.
825 CREPE MYRTLE CIRCLE
APOPKA FL 32712

JAMES R. LOWRY, SR.
825 CREPE MYRTLE CIRCLE
APOPKA FL 32712

3. Date Formed or Registered

10/24/1997

5a. Capital Contributions as Shown on record.

\$2,475,000.00

3a. Date of Last Report

03/09/1998

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number **39-3478618**

Applied For
 Not Applicable

AP-PLIED FOR

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LOWRY, JAMES R SR.
825 CREPE MYRTLE CIRCLE
APOPKA FL 32712

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

100002655681--0

Suite, Apt. #, etc.

-10/05/98--01032--005

City

****526.25 ****526.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

LOWRY, JAMES R SR.

825 CREPE MYRTLE CIRC

APOPKA FL 32712

SIGNATURE

DATE

9-26-98

Typed or Printed Name of General Partner Signing Form

James R. Lowry Sr.

Daytime Telephone Number

CR2E003 (8/98)