


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002325		
1. Entity Name JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 36 W. ILLIANA STREET ORLANDO, FL 32806	Mailing Address 36 W. ILLIANA STREET ORLANDO, FL 32806
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3478618	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

LOWRY, H. CLAY 36 W. ILLIANA STREET ORLANDO, FL 32806	
--	--

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.

9. Capital Contributions as Shown on record. \$2,475,000.00	10. Amount of Capital Contributions in FLORIDA to date. 351,355.00
--	---

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	
NAME	LOWRY, JAMES R TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	36 W. ILLIANA STREET		
CITY-ST-ZIP	ORLANDO, FL 32806		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWRY, JOSEPH EDWARD TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	36 W. ILLIANA STREET		
CITY-ST-ZIP	ORLANDO, FL 32806		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWRY, H. CLAY TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	36 W. ILLIANA STREET		
CITY-ST-ZIP	ORLANDO, FL 32806		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MCKINNEY, MARY LANE TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	36 W. ILLIANA STREET		
CITY-ST-ZIP	ORLANDO, FL 32806		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWRY, H. CLAY	CITY-ST-ZIP	
STREET ADDRESS	8015 LANDGROVE COURT		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ **3/19/04 (407) 206-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA