

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A9800000143

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN 14 PM 12:23

DOCUMENT # A98-143

1. Name of Limited Partnership

OWEN FAMILY LIMITED PARTNERSHIP

9/29/00

100004430871--5

-06/19/01--01117--002

***2052.50 ***2052.50

2. Principal Office Address

C/O EIDTH OWEN

3. Mailing Office Address

C/O DAVID OWEN

4. Date Formed or Registered

To Do Business in Florida DECEMBER 11, 1997

Suite, Apt. #, etc.

176 SOUTH COLLIER BLVD
 CONDO, #804

Suite, Apt. #, etc.

5317 DIXIE HIGHWAY

5. FEI Number

61-1317530

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

MARCO ISLAND, FL

City & State

LOUISVILLE, KY

Zip

33937

Country

USA

Zip

40216

Country

USA

7a. Capital Contributions as shown on Record:

\$1,700,000 ✓

7b. Amount of Capital Contributions in FLORIDA to date:

\$1,700,000

8. Name and Address of Current Registered Agent

Name

OWEN, EDITH E.

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

176 SOUTH COLLIER BLVD

Suite, Apt. #, Etc.

CONDO #804

City

MARCO ISLAND

State

FL

Zip Code

33937

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
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EDITH OWEN

176 COLLIER BLVD.,
 CONDO #804

MARCO ISLAND, FL

N/A

David Owen

1429 Sylvan Way

Louisville Ky 40205

1000.00 Penalty

FF 437.50 2001

437.50 2000

Supp 88.75 2001

88.75 2000

REINSTATEMENT 2000 - 2001

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Edith Owen

DATE

6/12/01

EDITH OWEN

Typed or Printed Name of General Partner Signing Form

Telephone Number (502) 447-2600

CR2E039 (11/99)