

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 26 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019672 AB



DOCUMENT # A98000000143

1. Entity Name
OWEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business % EDITH OWEN 176 SOUTH COLLIER BLVD., CONDO #804 MARCO ISLAND FL 33937	Mailing Address % DAVID OWEN 5317 DIXIE HIGHWAY LOUISVILLE KY 40216
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	DUE BY MAY 1, 2002	
City & State	City & State	4. FEI Number 61-1317530	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**OWEN, EDITH E
176 S. COLLIER BLVD., CONDO #804
MARCO ISLAND FL 33937**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	OWEN, EDITH E
NAME	176 S. COLLIER BLVD., CONDO #804
STREET ADDRESS	MARCO ISLAND FL 33937
CITY-ST-ZIP	
DOCUMENT #	OWEN, DAVID
NAME	1429 SYLVAN WAY
STREET ADDRESS	LOUISVILLE KY 40205
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	300005449443
CITY-ST-ZIP	-05/03/02--01035--011
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/02 (502) 441-2600
Date Daytime Phone #

CR2E003 (9/01)