
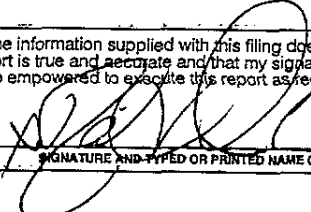


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 17, 2004 08:00 AM
Secretary of State**

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OWEN, EDITH E 176 S. COLLIER BLVD., CONDO #804 MARCO ISLAND, FL 33937				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,700,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	OWEN, EDITH E		STREET ADDRESS	U00000096210 03/25/04 00010 010 526.25	
NAME	176 S. COLLIER BLVD., CONDO #804		CITY-ST-ZIP		
STREET ADDRESS	MARCO ISLAND, FL 33937		CITY-ST-ZIP		
DOCUMENT #	OWEN, DAVID		STREET ADDRESS		
NAME	1429 SYLVAN WAY		CITY-ST-ZIP		
STREET ADDRESS	LOUISVILLE, KY 40205		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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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)(f), 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: 		DAVID L. OWEN		3/8/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small> 502 447-2600	



01312004 Chg-LP CR2E003 (10/03)

4. FEI Number **61-1317530** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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