


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 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	
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	
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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)(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: <u>David L. Owen</u>		Date: <u>4/9/05</u>	Daytime Phone #: <u>(502) 447-2600</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



02102005 Chg-LP CR2E003 (10/03)

4. FEI Number 61-1317530 Applied For Not Applicable

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

100000333471
04/27/05-80005-029 525.25

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