


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000143**  
 1. Entity Name  
**OWEN FAMILY LIMITED PARTNERSHIP**



<b>Principal Place of Business</b> % EDITH OWEN 176 SOUTH COLLIER BLVD., CONDO #804 MARCO ISLAND, FL 33937	<b>Mailing Address</b> % DAVID OWEN 5317 DIXIE HIGHWAY LOUISVILLE, KY 40216
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03312008 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1317530</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 OWEN, EDITH E  
 176 S. COLLIER BLVD., CONDO #804  
 MARCO ISLAND, FL 33937

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OWEN, EDITH E 176 S. COLLIER BLVD., CONDO #804 MARCO ISLAND, FL 33937
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OWEN, DAVID 1429 SYLVAN WAY LOUISVILLE, KY 40205
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 04/25/06-80039-013 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/31/06** (502) 447-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #