


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000143 1. Entity Name OWEN FAMILY LIMITED PARTNERSHIP	
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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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03312007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1317530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2007, 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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**DO NOT WRITE IN THIS SPACE**

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05/08/07-80094-013 500.00

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:  DAVID L. OWEN Date: 4/15/07 Daytime Phone #: 502 447-2600