


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	

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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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER