

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000143

**FILED**  
**Mar 28, 2009**  
**Secretary of State**

**Entity Name:** OWEN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

% EDITH OWEN  
176 SOUTH COLLIER BLVD., CONDO #804  
MARCO ISLAND, FL 33937

**New Principal Place of Business:**

**Current Mailing Address:**

% DAVID OWEN  
5317 DIXIE HIGHWAY  
LOUISVILLE, KY 40216

**New Mailing Address:**

**FEI Number:** 61-1317530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWEN, EDITH E  
176 S. COLLIER BLVD., CONDO #804  
MARCO ISLAND, FL 33937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: OWEN, EDITH E  
Address: 176 S. COLLIER BLVD., CONDO #804  
City-St-Zip: MARCO ISLAND, FL 33937

Document #:

Name: OWEN, DAVID  
Address: 1429 SYLVAN WAY  
City-St-Zip: LOUISVILLE, KY 40205

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. ROBERT MONTGOMERY

\_\_\_\_\_ Electronic Signature of Signing General Partner

03/28/2009

\_\_\_\_\_ Date