


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

2003 MAR 21 AM 11:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003	
4. FEI Number 61-1317530	Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
OWEN, EDITH E 176 S. COLLIER BLVD., CONDO #804 MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent
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>	<small>DATE</small>

9. Capital Contributions as Shown on record. \$1,700,000.00
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10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	OWEN, EDITH E
NAME	176 S. COLLIER BLVD., CONDO #804
STREET ADDRESS	MARCO ISLAND FL 33937
CITY-ST-ZIP	
DOCUMENT #	OWEN, DAVID
NAME	1429 SYLVAN WAY
STREET ADDRESS	LOUISVILLE KY 40205
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 	Date: 3/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: DAVID L. OWEN	Daytime Phone #: (502) 447-2600

CR2E003 (10/02)