


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A98000000143</b> 1. Entity Name <b>OWEN FAMILY LIMITED PARTNERSHIP</b>	
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FILED

2003 MAR 21 AM 11:52

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>% EDITH OWEN</b> 176 SOUTH COLLIER BLVD., CONDO #804 MARCO ISLAND FL 33937	Mailing Address <b>% DAVID OWEN</b> 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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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>61-1317530</b>	Applied For <input type="checkbox"/> Not Applicable

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

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$1,700,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**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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03/21/03--01058--003 \*\*526.25

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:  <b>SIGNATURE REQUIRED DAVID L. OWEN</b>	Date: <b>3/17/03</b> Daytime Phone #: <b>(502) 447-2600</b>
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CR2E003 (10/02)