


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A99000000514	
1. Entity Name BOWLES FARM LIMITED PARTNERSHIP	

Principal Place of Business 2889 GRAZELAND DRIVE SARASOTA, FL 34240	Mailing Address P.O. BOX 51292 SARASOTA, FL 34232-0331
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 51295	
City & State		City & State	
Zip	Country	Zip	Country



03032008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3591225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAIN, ONEIDA B 2889 GRAZELAND DRIVE SARASOTA, FL 34240		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BAIN, ONEIDA B 2889 GRAZELAND DRIVE SARASOTA, FL 34240	STREET ADDRESS CITY - ST - ZIP	2889 GRAZELAND DRIVE
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BAIN, CARENCE D JR. 2889 GRAZELAND DRIVE SARASOTA, FL 34240	STREET ADDRESS CITY - ST - ZIP	2889 GRAZELAND DRIVE
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STAPLE CHECK HERE

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: <u>Oneida B. Bain</u>	Date _____	Daytime Phone # <u>941-312-4748</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		