


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B05000000215 1. Entity Name C&M LOWE FAMILY LIMITED PARTNERSHIP	
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FILED
 08 AUG 26 PM 2:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1611 GUNN HIGHWAY ODESSA, FL 33556		Mailing Address 1611 GUNN HIGHWAY ODESSA, FL 33556	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 39	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa Springs, FL	
Zip	Country	Zip	Country
		34688	USA

06202008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3500199		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	
HOLCOMB, VICTOR W 201 N. ARMENIA AVE. TAMPA, FL 33609		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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	
NAME	LOWE, MICHAEL TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1611 GUNN HWY		
CITY-ST-ZIP	ODESSA, FL 33556		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWE, CAROL TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1611 GUNN HWY		
CITY-ST-ZIP	ODESSA, FL 33556		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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 08/14/08--01042--002 **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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/20/08 727-9352480
Date Daytime Phone #

STAPLE CHECK HERE