

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000215

**FILED**  
**Jun 19, 2009**  
**Secretary of State**

**Entity Name:** C&M LOWE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1611 GUNN HIGHWAY  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 59-3500199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

HOLCOMB, VICTOR W  
201 N. ARMENIA AVE.  
TAMPA, FL 33609 US

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:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: LOWE, MICHAEL TRUSTEE  
Address: 1611 GUNN HWY  
City-St-Zip: ODESSA, FL 33556

Address:  
City-St-Zip:

Document #:

Name: LOWE, CAROL TRUSTEE  
Address: 1611 GUNN HWY  
City-St-Zip: ODESSA, FL 33556

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: MICHAEL LOWE

TRUS

06/19/2009

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

\_\_\_\_\_  
Date