

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000215

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

10 DODECANESE BLVD  
TARPON SPRINGS, FL 34689

**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 ( )**

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

HOLCOMB, VICTOR W  
3203 W CYPRESS ST  
TAMPA, FL 33607 US

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

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:**

Document #:

Name: LOWE, MICHAEL TRUSTEE  
Address: 10 DODECANESE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: LOWE, CAROL TRUSTEE  
Address: 10 DODECANESE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Address:  
City-St-Zip:

I hereby 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 L LOWE

TRUS

04/26/2012

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

\_\_\_\_\_  
Date