2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B93000000187

1. Entity Name

FOW MANAGEMENT COMPANY, LIMITED PARTNERSHIP



Mailing Address

100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103

Principal Place of Business

100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103

FILED Feb 21, 2007 08:00 AM Secretary of State



 \Box

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 62-1532677

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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. Lam familiar with, and accept the obligations of registered agent.

U00000642764

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

-03/01/07-20057-011 500.00

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

	14.	GENERAL FARTNER INFORMATION
	DOCUMENT #	F93000002009
	NAME	REI, INC. D/B/A REI-TENNESSEE, INC.
	STREET ADDRESS	100 PEABODY PL., STE. 1400
	CITY-ST-ZIP	MEMPHIS, TN 38103
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14. I hereby certify that the information supplied with this filling 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:

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jimmic D. Williams

2-1-07

901-767-4780

Date

Daytime Phone #