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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # B9300000187

FOW MANAGEMENT COMPANY, LIMITED PARTNERSHIP



**FILED** Feb 11, 2008 08:00 All Secretary of State

Principal Place of Business

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

Mailing Address

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



01102008 No Chg-LP

CR2E003 (12/06)

|               | \$8.7 | 5 Additional   |
|---------------|-------|----------------|
| 62-1532677    |       | Not Applicable |
| 4. FEI Number | -     | Applied For    |
|               |       |                |

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of changing its re-<br>tions of registered agent. | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept             |
|--|---|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable |   | DATE  |
|  | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2008, Fee will be \$900.                                  | 00  |
|  |   | ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. |
| 12.  | GENERAL PARTNER INFORMATION   |   |
| DOCUMENT #   | F93000002009  |   |
| NAME   | REI, INC. D/B/A REI-TENNESSEE, INC.   |   |
| STREET ADDRESS   | 100 PEABODY PL., STE. 1400  | 000000325132<br>02/20/08-80107-005 500.00   |
| C11 Y - S1 - ZIP   | MEMPHIS, TN 38103   | 02/20/08-80107-005 500.00   |
| DOCUMENT #   |   |   |
| NAME   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| DOCUMENT #   |   |   |
| NAME   |   | DO NOT WRITE  |
| STREET ADDRESS   |   | DO NOT WRITE  |
| CITY-ST-ZIP  |   | IN THIS SPACE   |
| DOCUMENT #   |   | IN THIS SPACE   |
| NAMÉ   |   |   |
| STREET ADDRESS   |   |   |
| CITY-ST-ZIP  |   |   |
| DOCUMENT #   |   | ·   |
| NAME   |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
|  |   |   |
| DOCUMENT #   |   |   |
| NAME<br>CONCET AND DEFE  |   |   |

14. If 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 tojexecuje this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D. Williams 1-29-08