


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LOWRY INVESTMENTS LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000516	
Mailing Address C/O EVANS PROPERTIES, INC. P.O. BOX 1437 DADE CITY FL 33526-1437		Principal Office Address C/O EVANS PROPERTIES, INC. 12833 HIGHWAY 301 DADE CITY FL 33525	
2. Mailing Address Suite, Apt. #, etc. P. O. BOX 2339 City & State Zip Country 33526-2339		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country 33526-2339	
3. Date Formed or Registered 10/01/1997		5a. Capital Contributions as Shown on record. \$10,000,000.00	
3a. Date of Last Report 12/31/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation DE		6. FEI Number 59-3455363 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent LOWRY, MARGARET E C/O EVANS PROPERTIES, INC. 12833 HIGHWAY 301 SOUTH DADE CITY FL 33525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LOWRY, MARGARET E LOWRY, LIONEL L III	12833 HIGHWAY 301 SOU 660 BEACHLAND BLVD.,	DADE CITY FL 33525 VERO BEACH FL 32963	6000002733926--0 -01/07/99--01105--005 ****526.25 ****526.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Margaret E. Lowry</i>		DATE 12/18/98	
Typed or Printed Name of General Partner Signing Form MARGARET E. LOWRY		Daytime Telephone Number 352/567-5661	

FILED
98 DEC 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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