## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9700000516  1. Entity Name							F	FILED			
LOWRY INVESTMENTS LIMITED PARTNERSHIP							00 JAN 2	00 JAN 27 PM 3: 21			
Principal Place of Business  C/O EVANS PROPERTIES, INC. C/O EVANS PROPERTIES. 12833 HIGHWAY 301 P.O. BOX 2339 DADE CITY FL 33525  DADE CITY FL 33526-2339								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     3. Mailing Address						<del></del>					
Suite, Apt. #, etc. Suite, Apt. #,					etc.			DO NOT WRITE IN TH	IS SPACE		
City & State				City & State			4. FEI Number	59-3455363		Applied For Not Applicable	
Zip				Zip	Cour	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Regist	tered Agent			7. Name and A	ddress of New Registere	Agent		
LOWRY, MARGARET E C/O EVANS PROPERTIES, INC. 12833 HIGHWAY 301 SOUTH						Name  Street Address (P.O. Box Number is Not Acceptable)					
DADE CITY FL 33525				City		City		F	L Zip	Code	
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.											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. Capital Contributions as Shown on record. \$10,000,000.00 In FLORIDA to date  A GENERAL PARTNER THAT IS A BUSINESS ENTI								11. MAKE CHECK PAYAI SEE REVERSE SIDE	FOR FEE I		
	A (	GENERAL PARTNER T : General Partners MA	HAT I	IS A BUSINESS EN T be changed on th	iiiy m ne form	UST BE REG : an amendn	is lered and ac lent must be filed	to change a general p	oartner.		
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY											
DOCUMENT#	NT #					EET ADDRESS				60/0	
NAME Street address City-St-ZIP	LOWRY, MARGARET E 12833 HIGHWAY 301 SOUTH DADE CITY FL 33525					- \$T - ZIP				97	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CEMERAL PARTNER Destroy Destr											