

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008907 AT

DOCUMENT # B97000000516

1. Entity Name
LOWRY INVESTMENTS LIMITED PARTNERSHIP



03 APR -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
660 BEACHLAND BLVD., SUITE 301
VERO BEACH FL 32963

Mailing Address
660 BEACHLAND BLVD., SUITE 301
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3455363

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWRY, MARGARET E
660 BEACHLAND BLVD., SUITE 301
VERO BEACH FL 32963

Name LIONEL L. LOWRY III
Street Address (P.O. Box Number is Not Acceptable)
660 BEACHLAND BLVD., SUITE 301
City VERO BEACH, FL Zip Code 32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

DATE 3/31/03

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME LOWRY, MARGARET E
STREET ADDRESS 660 BEACHLAND BLVD., SUITE 301
CITY-ST-ZIP VERO BEACH FL 32963

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME LOWRY, LIONEL L III
STREET ADDRESS 660 BEACHLAND BLVD., SUITE 301
CITY-ST-ZIP VERO BEACH FL 32963

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] 24 FEB 2003
Date

772 2342410
Daytime Phone #

CH2E003 (10/02)

STAPLE CHECK HERE