2001 UNIFORM BUSINESS REPORT (UBR)

0002070 AT

DOCUMENT # A98000002898

1. Entity Name

H & J LEE FAMILY PARTNERSHIP, LTD.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
301 MORRIS ROAD MONTICELLO FL 32344	P.O. BOX 506 MONTICELLO FL 32345-0506

2. Principal Place of Business	3. Mailing Address
	P.O. Drawer 13445
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL
Zip / Country	Zip: 32317-3445 / Country: USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-3560552 ☐ Applied For ☐ Not Applicable

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
THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE, NE TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________
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. $1,638,450.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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: LEE, THURMON T STREET ADDRESS: 301 MORRIS ROAD CITY-ST-ZIP: MONTICELLO FL 32344	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: LEE, LOUIS G STREET ADDRESS: 119 WEST HILL STREET CITY-ST-ZIP: THOMASVILLE GA 31792	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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 Thurmon T. Lee 9/5/01 (850)385-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #