

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002898		
1. Entity Name H & J LEE FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 301 MORRIS ROAD MONTICELLO, FL 32344	Mailing Address P.O. DRAWER 13445 TALLAHASSEE, FL 32317-3445
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03112003 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3560552	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,638,450.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	LEE, THURMON T	STREET ADDRESS	
NAME	301 MORRIS ROAD	CITY-ST-ZIP	
STREET ADDRESS	MONTICELLO, FL 32344		
CITY-ST-ZIP			
DOCUMENT #	LEE, LOUIS G	STREET ADDRESS	000000162469
NAME	119 WEST HILL STREET	CITY-ST-ZIP	06/10/04-80006-005 926.25
STREET ADDRESS	THOMASVILLE, GA 31792		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: <i>Josephine M. Lee</i>	5/21/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE