

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 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 1500 EAST PEARL STREET MONTICELLO FL 32344-3445
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3560552	Applied For ☐ Not Applicable
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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	
WHEELER, LINDA L 1500 EAST PEARL STREET MONTICELLO FL 32344		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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE **04/22/08-20100-017 500.00**

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	WHEELER, LINDA L	CITY-ST-ZIP	
STREET ADDRESS	1500 EAST PEARL STREET		
CITY-ST-ZIP	MONTICELLO FL 32344		
DOCUMENT #		STREET ADDRESS	
NAME	LEE, LOUIS G	CITY-ST-ZIP	
STREET ADDRESS	119 WEST HILL STREET		
CITY-ST-ZIP	THOMASVILLE GA 31792		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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 exemptions contained in Chapter 119, 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: *Linda L Wheeler* 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: _____ Drawing Phone: _____

STAPLE CHECK HERE