

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000002932**



FILED

03 APR 30 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**LEE JOINT VENTURE, LTD.**

Principal Place of Business  
**3325 FRENCH PARK DRIVE, STE. 1  
EDMOND OK 73034**

Mailing Address  
**3325 FRENCH PARK DRIVE, STE. 1  
EDMOND OK 73034**

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 **73-6110601**

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

**PETITTE, ELLEN  
26091 MANDEVILLA DRIVE  
BONITA SPRINGS FL 34134**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,123,774.57**

10. Amount of Capital Contributions in FLORIDA to date. **2,123,774.57**

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 #	P01000110235	STREET ADDRESS	
NAME	LATIS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	3325 FRENCH PARK DRIVE, SUITE 1		
CITY-ST-ZIP	EDMOND OK 73034		
DOCUMENT #		STREET ADDRESS	600017610676
NAME		CITY-ST-ZIP	04/30/03--01101--008 **526.25
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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: J.S. BERGLUND *J.S. Berglund* **4-24-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)