

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30297**



1. Entity Name  
**THE CHARLES R. LEE III FIRST FAMILY LIMITED PARTNERSHIP**

Principal Place of Business      Mailing Address  
**4664 BERWYN CT.**      **4664 BERWYN CT.**  
**PALM HARBOR, FL 34685-2619**      **PALM HARBOR, FL 34685-2619**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01172005      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0202404**      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

**CHARLES R. LEE III**  
**4664 BERWYN CT.**  
**PALM HARBOR, FL 34685-2619**

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.      \$502,750.00      10. Amount of Capital Contributions in FLORIDA to date.      \$502,750.00

**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, CHARLES R., III**  
 STREET ADDRESS      **4664 BERWYN CT.**  
 CITY-ST-ZIP      **PALM HARBOR, FL 346852619**

STREET ADDRESS  
 CITY-ST-ZIP      **000000230115**  
    **02/15/05-80030-001 535.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHARLES R. LEE III      2-8-05      727-934-2258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE