

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30297

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4664 BERWYN CT.  
PALM HARBOR, FL 346852619

**New Principal Place of Business:**

7633 ALBACORE DRIVE  
NEW PORT RICHEY, FL 346554295

**Current Mailing Address:**

P. O. BOX 6219  
PALM HARBOR, FL 346840819 US

**New Mailing Address:**

**FEI Number:** 65-0202404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, CHARLES R III  
4664 BERWYN CT.  
PALM HARBOR, FL 346852619 US

**Name and Address of New Registered Agent:**

LEE, CHARLES R III  
7633 ALBACORE DRIVE  
NEW PORT RICHEY, FL 346554295 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/15/2011

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LEE, CHARLES R., III  
Address: 4664 BERWYN CT.  
City-St-Zip: PALM HARBOR, FL 346852619

**ADDRESS CHANGES ONLY:**

Address: 7633 ALBACORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 346554295

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

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02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date