## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

HEH

SIGNATURE:

## FILED May 16, 2005 08:00 AM Secretary of State DOCUMENT # A96000001359 1. Entity Name THE LEE FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 816 WINDERMERE WAY PALM BEACH GARDENS FL 33418-7170 816 WINDERMERE WAY PALM BEACH GARDENS FL 33418-7170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 65-0741432 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOHATCH, JOHN S 2600 DOUGLAS RD., PH-8 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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, 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title 4 applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$600,000.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ACCRECS NAME LEE, KYUNG S STREET ADDRESS 816 WINDERMERE WAY CHY-SI-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418-7170 DOCUMENT # STREET ADDRESS STREET ADDRESS U00000367230 <del>05/16/05-80025-022-526.25</del> CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS MARE STREET ADDRESS CETY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z≱ DOCUMENT # STREET ADDRESS STREET ADORESS CHY-SI-3P CITY ST-ZIP GOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-7P 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER