

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 29 AM 9:49

1. Name of Limited Partnership	1a. DOCUMENT # A 98 00000 2552
OLL FAMILY PARTNERSHIP, - LTD	

Mailing Address 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771-8681	Principal Office Address
2. Mailing Address NA	2a. Principal Office Address NA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11-12-98	5a. Capital Contributions as Shown on record. 2,303,900
3a. Date of Last Report NA	5b. Amount of Capital Contributions in FLORIDA to date: 2,102,933
4. State or Country of Formation FLORIDA	
6. FEI Number 59-3542836	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired NA	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information) 526.25	

9. Name and Address of Current Registered Agent ORIE N. LEE 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771-8681	10. If changed, new Registered Agent/Office Name NA Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) NA 100002743131--0
-01/15/99--01012--025

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ORIE N. LEE FAMILY TRUST	5005 LILLIAN LEE ROAD	ST CLOUD FL 34771-8681	
ASHTON TRUST	5005 LILLIAN LEE ROAD	ST CLOUD FL 34771-8681	
ORIE N. LEE CO-TRUSTEE	5005 LILLIAN LEE ROAD	ST. CLOUD FL 34771-8681	
LOUISE H. LEE CO-TRUSTEE FOR ABOVE TRUSTS			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Orie N. Lee, Trustee DATE 12-23-98
Typed or Printed Name of General Partner Signing Form ORIE N. LEE, TRUSTEE Daytime Telephone Number 407-892-2078

CR2E003 (8/98)