FROM :LAURA AND HARRIS FAX NO. [redacted] Jul. 05 2004 11:07AM P1

FILED
Jul 16, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A98000002552

1. Entity Name
OLL FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
5005 LILLIAN LEE ROAD ST. CLOUD, FL 34771	5005 LILLIAN LEE ROAD ST. CLOUD, FL 34771

07052004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3542838 ☐ Applied For ☐ 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
LEE, ORIE N 5005 LILLIAN LEE ROAD ST. CLOUD, FL 34771	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 required if printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	
$2,303,900.00	2,303,900.00	7-5-04 NO REPORT FORM RECEIVED.

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, ORIE N TRUSTEE	STREET ADDRESS	
STREET ADDRESS	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	ST. CLOUD, FL 34771		
DOCUMENT #			
NAME	LEE, LOUISE H TRUSTEE	STREET ADDRESS	
STREET ADDRESS	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	ST. CLOUD, FL 34771		
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Orie N Lee GP 7-5-04 407-892-2078
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER GENERAL PARTNER — Date — Daytime Phone #