

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

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002552

1. Entity Name
OLL FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**5005 LILLIAN LEE ROAD
 ST. CLOUD FL 34771**

Mailing Address
**5005 LILLIAN LEE ROAD
 ST. CLOUD FL 34771**



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

SAME *SAME*

4. FEI Number **59-3542836**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**LEE, ORIE N
 5005 LILLIAN LEE ROAD
 ST. CLOUD FL 34771**

7. Name and Address of New Registered Agent

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. **\$2,303,900.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,303,900.00**

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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

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

STREET ADDRESS	
CITY - ST - ZIP	
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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)(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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **ORIE N. LEE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-14-2005 407-892-2078
 Date Daytime Phone #

STAPLE CHECK HERE