2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002552

1. Entity Name

OLL FAMILY PARTNERSHIP, LTD. OK

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

1st MOORE CR2E003 (10/05)

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

4. FEI Number 59-3542836 ☐ 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, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500 * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	LEE, ORIE N TRUSTEE	CITY-ST-ZIP	U00000475933
STREET ADDRESS	5005 LILLIAN LEE ROAD		04/05/06-80036-021 500.00
CITY-ST-ZIP	ST. CLOUD FL 34771		
DOCUMENT #		STREET ADDRESS	
NAME	LEE, LOUISE H TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	5005 LILLIAN LEE ROAD		
CITY-ST-ZIP	ST. CLOUD FL 34771		
DOCUMENT #		STREET ADDRESS	
NAME	LEE, ORIE N TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	5005 LILLIAN LEE ROAD		
CITY-ST-ZIP	ST. CLOUD FL 34771		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 3-16-2006 407-892-2098