
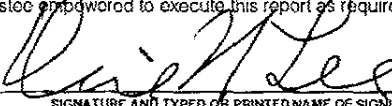


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 25, 2007 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number 59-3542836	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 #	NAME		STREET ADDRESS	U00000603938 01/29/07-80033-010 500.00	
STREET ADDRESS	LEE, ORIE N TRUSTEE		CITY ST ZIP		
CITY ST ZIP	5005 LILLIAN LEE ROAD ST. CLOUD FL 34771				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	LEE, LOUISE H TRUSTEE		CITY ST ZIP		
CITY ST ZIP	5005 LILLIAN LEE ROAD ST. CLOUD FL 34771				
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CITY ST ZIP					
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:  Orie N. Lee, Trustee			1-22-07 407-892-2078		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE