


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent LEE, ORIE N 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	
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4. FEI Number 59-3542836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 on the application

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	LEE, ORIE N TRUSTEE	STREET ADDRESS	
NAME	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	04/22/08-80103-015 500.00
STREET ADDRESS	ST. CLOUD FL 34771		
CITY-ST-ZIP			
DOCUMENT #	LEE, LOUISE H TRUSTEE	STREET ADDRESS	
NAME	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD FL 34771		
CITY-ST-ZIP			
DOCUMENT #	LEE, ORIE N TRUSTEE	STREET ADDRESS	
NAME	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD FL 34771		
CITY-ST-ZIP			
DOCUMENT #	LEE, LOUISE H TRUSTEE	STREET ADDRESS	
NAME	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD FL 34771		
CITY-ST-ZIP			
DOCUMENT #	HILL, LAURA L	STREET ADDRESS	
NAME	3035 VEST ROAD	CITY-ST-ZIP	
STREET ADDRESS	ST CLOUD FL 34772		
CITY-ST-ZIP			
DOCUMENT #	LEE, MATTHEW J	STREET ADDRESS	
NAME	5005 LILLIAN LEE ROAD	CITY-ST-ZIP	
STREET ADDRESS	ST. CLOUD FL 34771		
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: *Orie N Lee* **4-07-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Discrim. Power