

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

DOCUMENT # A98000002552

1. Entity Name

OLL FAMILY PARTNERSHIP, LTD.



**FILED**

**Apr 10, 2008 08:00 AM**  
**Secretary of State**

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

Zip

Zip

Country

4. FE# 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

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

Signature typed or printed name of registered agent or title if applicable

Date

**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 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	STREET ADDRESS	1000000890613
NAME		CITY-ST-ZIP	04/22/08-80103-015 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LEE, ORIE N TRUSTEE 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LEE, LOUISE H TRUSTEE 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LEE, LOUISE H TRUSTEE 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	HILL, LAURA L 3035 VEST ROAD ST CLOUD FL 34772	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LEE, MATTHEW J 5005 LILLIAN LEE ROAD ST. CLOUD FL 34771	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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* 4-07-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

Date

Document Photo