

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000002552

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: OLL FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

5005 LILLIAN LEE ROAD  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

5005 LILLIAN LEE ROAD  
ST. CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 59-3542836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LEE, ORIE N TRUSTEE  
Address: 5005 LILLIAN LEE ROAD  
City-St-Zip: ST. CLOUD, FL 34771

Document #:

Name: LEE, LOUISE H TRUSTEE  
Address: 5005 LILLIAN LEE ROAD  
City-St-Zip: ST. CLOUD, FL 34771

Document #:

Name: LEE, ORIE N TRUSTEE  
Address: 5005 LILLIAN LEE ROAD  
City-St-Zip: ST. CLOUD, FL 34771

Document #:

Name: LEE, LOUISE H TRUSTEE  
Address: 5005 LILLIAN LEE ROAD  
City-St-Zip: ST. CLOUD, FL 34771

Document #:

Name: HILL, LAURA L  
Address: 3035 VEST ROAD  
City-St-Zip: ST CLOUD, FL 34772

Document #:

Name: LEE, MATTHEW J  
Address: 5005 LILLIAN LEE ROAD  
City-St-Zip: ST. CLOUD, FL 34771

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

02/07/2009

Electronic Signature of Signing General Partner

Date