

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002898 1. Entity Name H & J LEE FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 301 MORRIS ROAD MONTICELLO, FL 32344		Mailing Address P.O. DRAWER 13445 TALLAHASSEE, FL 32317-3445	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address 1500 E. Pearl Street Suite, Apt #, etc.	
City & State Monticello, Fla.		City & State Monticello, Fla.	
Zip 32344	Country USA	4. FEI Number 59-3560552	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02072005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent THOMSON, W. FREDERICK 3375-G CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$1,638,450.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 CITY - ST - ZIP	LEE, THURMON T 301 MORRIS ROAD MONTICELLO, FL 32344	STREET ADDRESS CITY - ST - ZIP	[Blank]
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEE, LOUIS G 119 WEST HILL STREET THOMASVILLE, GA 31792	STREET ADDRESS CITY - ST - ZIP	[Blank]
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	STREET ADDRESS CITY - ST - ZIP	[Blank]
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	STREET ADDRESS CITY - ST - ZIP	[Blank]
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Josephine M. Lee, General Partner</u> <u>2/28/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

STAPLE CHECK HERE