

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**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

3. Mailing Address  
**1500 East Pearl Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**MONT**

City & State

City & State  
**Monticello, FL**

Zip

Country

Zip  
**32344**

Country  
**USA**

02212006

Chg-LP

CR2E003 (11/05)

4. FEI Number

**59-3560552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMSON, W. FREDERICK**  
**3375-G CAPITAL CIRCLE, NE**  
**TALLAHASSEE, FL 32308**

Name

**Linda L. Wheeler**

Street Address (P.O. Box Number is Not Acceptable)

**1500 East Pearl Street**

City

**Monticello**

**FL**

Zip Code  
**32344**

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 and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LEE, LOUIS G**  
**119 WEST HILL STREET**  
**THOMASVILLE, GA 31792**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

06 MAR -9 PM 3:26

SECRET OF STATE  
 TALLAHASSEE FLORIDA



STAPLE CHECK HERE