

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 12, 2007 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  
**1500 EAST PEARL STREET  
MONTICELLO, FL 32344-3445**



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3560552**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WHEELER, LINDA L  
1500 EAST PEARL STREET  
MONTICELLO, FL 32344**

**DO NOT WRITE  
IN THIS SPACE**

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.

UN00000585733  
01/16/07-80025-001 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WHEELER, LINDA L  
1500 EAST PEARL STREET  
MONTICELLO, FL 32344**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Linda L Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1-10-07*

Date

Daytime Phone #

STAPLE CHECK HERE