

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002220**

1. Entity Name  
**THE LEE P. MOORE FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**1735 STATE ROAD 419  
 LONGWOOD, FL 32750**

Mailing Address  
**P.O. BOX 8001  
 SANFORD, FL 32772-8001**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3629257**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SALLEY, STEPHEN G  
 450 SOUTH ORANGE AVENUE  
 STE. 650  
 ORLANDO, FL 32801**

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 and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$2,700,000.00**

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  
**MOORE, THOMAS W  
 % SUNNILAND CORPORATION/ PO BOX 8001  
 SANFORD, FL 327728001**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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**U000000162089  
 06/03/04-80007-026 526.25**

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 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Thomas W. Moore**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/22/04**

Date

Daytime Phone #

**407-322-2421**

STAPLE CHECK HERE