

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:06

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.		
City & State			City & State		
Zip		Country		Zip	
				Country	
03032005 Chg-LP CR2E003 (10/03)				4. FEI Number 59-3629257	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALLEY, STEPHEN G 450 SOUTH ORANGE AVENUE STE. 650 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Moore, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 1735 SR 419 City Longwood FL Zip Code 32750		
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 <i>Thomas W. Moore, General Partner</i> 4/1/05 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	1735 SR 419	
NAME	MOORE, THOMAS W		CITY-ST-ZIP	Longwood, FL 32750	
STREET ADDRESS	% SUNNILAND CORPORATION/ PO BOX 8001				
CITY-ST-ZIP	SANFORD, FL 327728001				
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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)(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: <i>Thomas W. Moore, General Partner</i> 4/1/05 407-322-2421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE