



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

**FILED  
Apr 23, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # B99000000442</b> 1. Entity Name B.S. & M.A. LEE FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 9125 MEADOW GROVE LANE CINCINNATI, OH 45243	Mailing Address 9125 MEADOW GROVE LANE CINCINNATI, OH 45243
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**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-LP CR2E003 (12/06)

4. FEI Number 31-1419410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	LEE, BIENVENIDO S
NAME	9125 MEADOW GROVE LANE
STREET ADDRESS	CINCINNATI, OH 45243
CITY - ST - ZIP	
DOCUMENT #	LEE, MARY A
NAME	9125 MEADOW GROVE LANE
STREET ADDRESS	CINCINNATI, OH 45243
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000727188  
05/04/07-80038-004 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** *Bienvenido S. Lee, MD* (BIENVENIDO S. LEE, MD) 4/17/07 513 947 1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #