

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001095

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** SOUTH TWENTY FIFTH LIMITED PARTNERSHIP

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 20-1359345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LECESSE DEVELOPMENT CORPORATION  
650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: A04000001178  
Name: ST JAX BEACH LIMITED PARTNERSHIP  
Address: 650 S. NORTHLAKE BLVD., STE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SALVADOR LECSSE

PRES

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date