

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000893**

1. Entity Name  
**GRANDEVILLE ON DELANEY LTD.**



Principal Place of Business  
**650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701**



01132006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3646683**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LECCESE, SALVADOR F  
650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701**

**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 *Sam F. Leccese*  
Signature, typed or printed name of registered agent and title if applicable

1-25-06  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 # **A03000000192**  
NAME **MARK 44, LLLP**  
STREET ADDRESS **514 WEST CENTRAL BLVD.**  
CITY-ST-ZIP **ORLANDO, FL 32801**

DOCUMENT # **A03000000639**  
NAME **LAKESIDE DELANEY, LTD.**  
STREET ADDRESS **650 S. NORTHLAKE BLVD, SUITE 450**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

DOCUMENT #  
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CITY-ST-ZIP

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12/07/06-80114-011 508.75

**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: *Sam F. Leccese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-25-06

Date

407-643-5525

Daytime Phone #

STAPLE CHECK HERE