

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****Apr 14, 2006 08:00 AM**
Secretary of State**DOCUMENT # A00000000988**1. Entity Name
LEISNER FAMILY LIMITED PARTNERSHIPPrincipal Place of Business
**536 BLAKE ROAD
SOUTH DAYTONA, FL 32119**Mailing Address
**536 BLAKE ROAD
SOUTH DAYTONA, FL 32119****DO NOT WRITE IN THIS SPACE**

04052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3240521Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****TUMBLESON, J. DOYLE ESQ.
150 S. PALMETTO AVENUE, BOX A
DAYTONA BEACH, FL 32114****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

Signature, typed or printed name of registered agent and title if applicable.

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 #	L00000007112
NAME	LEISNER ENTERPRISES, L.C.
STREET ADDRESS	536 BLAKE ROAD
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000508996
04/28/06-80028-002 500.00**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:

Robert W. Leisner **Manager Partner** **04-11-06** **366-547-3241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #