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

DO NOT WRITE IN THIS SPACE

FILED Mar 19, 2007 08:00 AM Secretary of State

DOCUMENT	′# A00	00000	00988
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1. Entity Name

LEISNER FAMILY LIMITED PARTNERSHIP



Principal Place of Business

536 BLAKE ROAD SOUTH DAYTONA, FL 32119 Mailing Address

536 BLAKE ROAD

SOUTH DAYTONA, FL 32119



03012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
59-3240521		Not Applicable
5. Certilicate of Status Desired	\$8.75	Additional

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

B. 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 accepted agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  DATE  FILE NOW!!! FEE IS \$500.00  After May 1, 2007, Fee will be \$900.00				
Signature, typed or printed name of registered agent and title (I applicable.  DATE  FILE NOW!!! FEE IS \$500.00				
FILE NOW!!! FEE IS \$500.00				
Atter may 1, 2007, Fee will be \$500.00				
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				
L0000007112				
NAME LEISNER ENTERPRISES, L.C.				
STREET ADDRESS 536 BLAKE ROAD				
CITY-ST-7IP SOUTH DAYTONA, FL 32119				
000000673059 03/29/07-80010-025 500.00				
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14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTI

03-15-07

386-761 5107

Daytime Phone #