


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000440	
1. Entity Name LEASON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316	Mailing Address 1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State	4. FE# Number 04-3628018	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03122004	Chg-LP	CR2E003 (10/03)
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
FEINERMAN, STANLEY S 1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL Zip Code		

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

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000032479	STREET ADDRESS	
NAME	LEASON MANAGEMENT CO., INC.	CITY-ST-ZIP	
STREET ADDRESS	1535 S.E. 17TH STREET		U00000104338
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		04/06/04-90005-022 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Leason _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #