

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		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3628018	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent FEINERMAN, STANLEY S 1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,250,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316				
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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:			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE



03122004 Chg-LP CR2E003 (10/03)

4. FEI Number **04-3628018** Applied For Not Applicable

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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SIGNATURE: Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER