2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 JUL 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000440

1. Entity Name
LEASON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316	1535 S.E. 17TH STREET SUITE B206 FT. LAUDERDALE, FL 33316

02092005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

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

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

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	

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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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)(i), 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: (X) Michael Leason 7/13/05 787 880 7242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #