

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

**FILED**  
**Mar 28, 2007 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**



03152007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3628018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FEINERMAN, STANLEY S  
1535 S.E. 17TH STREET  
SUITE B206  
FT. LAUDERDALE, FL 33316**

**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

000000681723  
04/04/07 09056 006 500.00

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 #	<b>P01000032479</b>
NAME	<b>LEASON MANAGEMENT CO., INC.</b>
STREET ADDRESS	<b>1535 S.E. 17TH STREET</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33316</b>

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**MICHAEL LEASON 3-16-07 787-890 006**

STAPLE CHECK HERE