2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A02000001558

1. Entity Name LEICHUS INVESTMENTS, LLLP



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business 4913 HIGHGROVE ROAD TALLAHASSEE, FL 32309 Mailing Address

4913 HIGHGROVE ROAD TALLAHASSEE, FL 32309



DO NOT WRITE IN THIS SPACE

01292007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 04-3728240

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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

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 # LEICHUS, LEONARD S STREET ADDRESS **4913 HIGHGROVE ROAD** CITY-ST-ZIP TALLAHASSEE, FL 32309 DOCUMENT # LEICHUS, BETTY NAME STREET ADDRESS **4913 HIGHGROVE ROAD** CITY-ST-ZIP TALLAHASSEE, FL 32309 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

U00000624153 02/14/07-80020-006 500.00

DO NOT WRITE 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:

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZIP

fuffle

01/29/01

8505451728