

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A03000000758	
1. Entity Name CITY WALK LIMITED PARTNERSHIP, LLLP	



FILED  
2005 APR 25 PM 12:22  
\$150  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2221 LEE ROAD, STE. 28 WINTER PARK, FL 32789	Mailing Address 2221 LEE ROAD, STE. 28 WINTER PARK, FL 32789
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2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs FL Zip 32701 Country USA	3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs FL Zip 32701 Country USA
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03312005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0028511	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LECCESSE, SALVADOR F 2221 LEE ROAD, STE. 28 WINTER PARK, FL 32789
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs FL Zip Code 32701
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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. \$0.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000053971 LECCESSE CITY WALK INC. 2221 LEE ROAD, STE. 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
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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)(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: [Signature] 4-6-05 407-645-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE