

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # A03000000758

1. Entity Name

CITY WALK LIMITED PARTNERSHIP, LLLP



Principal Place of Business

650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRINGS, FL 32701

Mailing Address

650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRINGS, FL 32701



03172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0028511

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR F
650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRINGS, FL 32701

**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

Salvador F. Lecce
Signature, typed or printed name of registered agent and title, if applicable.

DATE

3/17/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1000000476577
04/06/06-80016-017 508.75

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 #

P03000053971

NAME

LECCESE CITY WALK INC.

STREET ADDRESS

650 S. NORTHLAKE BLVD., STE 450

CITY - ST - ZIP

ALTAMONTE SPRINGS, FL 32701

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CITY - ST - ZIP

**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:

Salvador F. Lecce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

3/17/06

407-645-5575

STAPLE CHECK HERE