



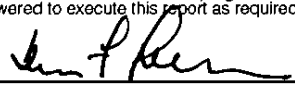
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000920 1. Entity Name NEW ANTIGUA LIMITED PARTNERSHIP, LLLP \$535.00					
Principal Place of Business 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789				Mailing Address 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	
2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701		3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701			
03312005 Chg-LP CR2E003 (10/03)				4. FEI Number 20-1311524	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LECESSE DEVELOPMENT CORPORATION 2221 LEE ROAD, SUITE 28 WINTER PARK, FL-32789			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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$722,250.00		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 # P04000086398 NAME LECESSE ANTIGUA, INC. STREET ADDRESS 2221 LEE ROAD, SUITE 28 CITY-ST-ZIP WINTER PARK, FL 32789			STREET ADDRESS 650 S. Northlake Blvd, Suite 450 CITY-ST-ZIP Altamonte Springs, FL 32701		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 700054032937 CITY-ST-ZIP 05/06/05--01115--016 **\$35.00		
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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:  4-6-05 407-645-5575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE