


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 29, 2008 08:00 A
Secretary of State


DOCUMENT # A04000001095
 1. Entity Name
 SOUTH TWENTY FIFTH LIMITED PARTNERSHIP



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

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1359345 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LECESSE DEVELOPMENT CORPORATION
 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 *Sen J. Beach* DATE 2/20/08

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # | A04000001178 |
| NAME | ST JAX BEACH LIMITED PARTNERSHIP |
| STREET ADDRESS | 650 S. NORTHLAKE BLVD., STE 450 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32701 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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STAPLE CHECK HERE

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: *Sen J. Beach* DATE 2/20/08 DAYTIME PHONE # 407 645-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #