

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001236

1. Entity Name
LECESSE FUND GP LIMITED PARTNERSHIP



Principal Place of Business
2221 LEE ROAD, STE. 28
WINTER PARK, FL 32789

Mailing Address
2221 LEE ROAD, STE. 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

Country

USA

3. Mailing Address

650 S. Northlake Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Altamonte Springs, FL

Zip

32701

Country

USA



03312005

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-1452520

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIONDO, GERALD J
25 SE 2ND AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Salvador F. Leccese

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

Signature

4-6-05

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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

DOCUMENT # P04000110420
NAME LECESSE FUND GP, INC.
STREET ADDRESS 2221 LEE ROAD, STE. 28
CITY-ST-ZIP WINTER PARK, FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS 650 S. Northlake Blvd, Suite 450
CITY-ST-ZIP Altamonte Springs, FL 32701

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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 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