

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001236

1. Entity Name
LECESSE FUND GP LIMITED PARTNERSHIP



Principal Place of Business
**650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRING, FL 32701**

Mailing Address
**650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRING, FL 32701**



01132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**LECESSE, SALVADOR F
650 S. NORTHLAKE BLVD., STE 450
ALTAMONTE SPRING, 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. LeCesse
Signature, typed or printed name of registered agent and title if applicable.

DATE

1-25-06

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **P04000110420**
NAME **LECESSE FUND GP, INC.**
STREET ADDRESS **650 S. NORTHLAKE BLVD., STE 450**
CITY-ST-ZIP **ALTAMONTE SPRING, FL 32701**

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**000000407001
02/07/06-80114-014 508.75**

**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. LeCesse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

1-25-06

407-645-5575

STAPLE CHECK HERE