

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001244**

1. Entity Name  
**LECESSE 2004 FUND 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**



01232008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**20-1454360**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LECESE, 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. Lece*  
Signature, typed or printed name of registered agent and title if applicable

DATE

*2/20/08*

**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 # **A04000001236**  
NAME **LECESSE FUND GP LIMITED PARTNERSHIP**  
STREET ADDRESS **650 S. NORTHLAKE BLVD, STE 450**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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U000000843924  
03/12/08-80013-022 508.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone \*

*2/20/08*

*407  
645-5575*

STAPLE CHECK HERE