


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A04789 1. Entity Name LEESBURG PROFESSIONAL OFFICE PROPERTIES, LTD.					
Principal Place of Business 2025 W. OLD HIGHWAY 441 MT. DORA, FL 32757			Mailing Address 2025 W. OLD HIGHWAY 441 MT. DORA, FL 32757		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORDINI, EDITH R. 202 ORCHID WAY HOWEY-IN-THE-HILLS, FL 34737				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$65,000.00			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 #	NAME		STREET ADDRESS		
NAME	MATSCHKE, JOHN J.		CITY - ST - ZIP		
STREET ADDRESS	21405 WOLF BRANCH RD.				
CITY - ST - ZIP	MT. DORA, FL 32757				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MORDINI, EDITH		CITY - ST - ZIP		
STREET ADDRESS	202 ORCHID WAY				
CITY - ST - ZIP	HOWEY, FL				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(f), 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: <i>Edith R. Mordini</i>			Edith R. Mordini		
			2/14/2005		
			352-383-6121		



01312005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1737787 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORDINI, EDITH R.
202 ORCHID WAY
HOWEY-IN-THE-HILLS, FL 34737

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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CITY - ST - ZIP
MATSCHKE, JOHN J.
21405 WOLF BRANCH RD.
MT. DORA, FL 32757

13. ADDRESS CHANGES ONLY

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CITY - ST - ZIP

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02/19/05-80003-016 526.25

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MORDINI, EDITH
202 ORCHID WAY
HOWEY, FL

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STAPLE CHECK HERE

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SIGNATURE: *Edith R. Mordini* Edith R. Mordini 2/14/2005 352-383-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #