2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A04789

1. Entity Name

LEESBURG PROFESSIONAL OFFICE PROPERTIES, LTD.

Principal Place of Business	Mailing Address
2025 W. OLD HIGHWAY 441 MT. DORA FL 32757	2025 W. OLD HIGHWAY 441 MT. DORA FL 32757

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

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.

U00000503478
04/26/06--80034-011 500.00

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

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	MATSCHE, JOHN J.		
STREET ADDRESS	21405 WOLF BRANCH RD.	CITY-ST-ZIP	
CITY-ST-ZIP	MT. DORA FL 32757		
DOCUMENT #		STREET ADDRESS	
NAME	MORDINI, EDITH		
STREET ADDRESS	202 ORCHID WAY	CITY-ST-ZIP	
CITY-ST-ZIP	HOWEY FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: Edith R. Mordini Edith R. Mordini 4/7/06 352-383-6121

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