

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

SEC. FILED  
 DIVISION STATE  
 06 FEB 14 AM 8:40

**DOCUMENT # A05000001342**

1. Entity Name  
 LECESE WOODBURY LIMITED PARTNERSHIP



Principal Place of Business  
 650 S. NORTHLAKE BLVD., SUITE 450  
 ALTAMONTE SPRINGS, FL 32701

Mailing Address  
 650 S. NORTHLAKE BLVD., SUITE 450  
 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-LP CR2E003 (11/05)

4. FEI Number

☒ 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

GROSCH, FRANK K  
 650 S. NORTHLAKE BLVD., SUITE 450  
 ALTAMONTE SPRINGS, FL 32701

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

*Frank K. Grosch, v.p.*  
 Signature, typed or printed name of registered agent and title if applicable.

1/14/06  
 DATE

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000053971  
 NAME LECESE CITY WALK INC.  
 STREET ADDRESS % 650 S. NORTHLAKE BLVD., SUITE 450  
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

STREET ADDRESS

CITY-ST-ZIP

800066807658

02/28/06-01025-007 \*\*500.75

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 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:

*Frank K. Grosch, v.p.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-14-06

Date

407-6455575

Daytime Phone #

STAPLE CHECK HERE