


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001342 1. Entity Name LECESSE 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			

FILED
 07 FEB 21 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GROSCH, FRANK K 650 S. NORTHLAKE BLVD., SUITE 450 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	STREET ADDRESS	
NAME	LECESSE CITY WALK INC.	CITY-ST-ZIP	
STREET ADDRESS	% 650 S. NORTHLAKE BLVD., SUITE 450		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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 02/22/07--01042--012 **508.75

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. Leccese 1-16-07 407-645-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #