


SECRET  
DIVISION OF STATE  
06 FEB 14 AM 8:40

<b>DOCUMENT # A05000002247</b>			
1. Entity Name <b>LECESSE SAXON LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GROSCH, FRANK K 650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>[Signature]</i></u> DATE <u>2-3-06</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P05000154755 LECESSE SAXON, INC. 650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701	STREET ADDRESS CITY - ST - ZIP	<b>600066807426</b> <b>02/20/06 01025-005 **508.75</b>
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>2-3-06</u> Daytime Phone # <u>407-645-5525</u>	