


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<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>
<b>DO NOT WRITE IN THIS SPACE</b>	
4. FEI Number <b>20-4051854</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



01042007 No Chg-LP CR2E003 (12/06)

Applied For
Not Applicable

6. Name and Address of Current Registered Agent  <b>GROSCH, FRANK K 650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701</b>
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**DO NOT WRITE  
IN THIS SPACE**

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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	<b>P05000154755</b>
NAME	<b>LECESSE SAXON, INC.</b>
STREET ADDRESS	<b>650 S NORTHLAKE BLVD STE 450</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80011-020 508.75

**DO NOT WRITE  
IN THIS SPACE**

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** **407-645-5575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #