

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000268

1. Entity Name
VILLA GRANDE WINTER SPRINGS, L.P.



FILED

07 FEB 21 AM 9:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LP CR2E003 (12/06)

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

**LECESSE DEVELOPMENT CORPORATION
 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 _____ 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 #	A06000000268	STREET ADDRESS	
NAME	VG WINTER SPRINGS LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	650 S. NORTHLAKE BLVD.		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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 02/22/07--01042--017 **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 1-16-07 407-1645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE