


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

<b>DOCUMENT # A06000001177</b>		
1. Entity Name LECCese FAMILY PARTNERSHIP II, LLLP		

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**FILED**  
07 FEB 21 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152007 Chg-LP CR2E003 (12/06)

4. FEI Number 26-8362631	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
LECCese, SALVADOR 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701

<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	P98000051093
NAME	LECCese HOLDINGS, INC.
STREET ADDRESS	650 S. NORTHLAKE BLVD, SUITE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

<b>13. ADDRESS CHANGES ONLY</b>	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	700099033807
CITY-ST-ZIP	02/22/07--01042--018 **509.75

DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Salvador F. Leccese 1-16-07 407-245-5525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone \*

STAPLE CHECK HERE