2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14076

1. Entity Name
LEESBURG HOMES LTD.

Principal Place of Business	Mailing Address
5000 N.W. 27TH COURT SUITE E GAINESVILLE, FL 32607	5000 N.W. 27TH COURT SUITE E GAINESVILLE, FL 32607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2638 SE SR 21		Suite, Apt. #, etc. ~~2638~~ SE SR 21 PO Box 186	
City & State Melrose Fl		City & State Melrose Fl	
Zip 32666	Country ~~32~~ Bradford	Zip 32666	Country Bradford

03162004 Chg-LP CR2E003 (10/03)

4. FEI Number	Applied For
59-2294855	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
SABIS, WILLIAM R. ~~5000 N.W. 27TH CT.~~ ~~SUITE E~~ GAINESVILLE, FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) 2638 SE SR 21 City Melrose Fl FL Zip Code 32666

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 [signature] DATE

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$130,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	G92366001683	STREET ADDRESS	300037839063
NAME	KORDEX ENTERPRISES		
STREET ADDRESS	~~5000 NW 27 CT #E~~	CITY-ST-ZIP	06/10/04--01008--008 **376.25
CITY-ST-ZIP	~~GAINESVILLE, FL~~		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	ENTERED
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	300037839063
CITY-ST-ZIP			06/10/04--01008--009 **158.75
DOCUMENT #		STREET ADDRESS	
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NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/29/04 352-475-9326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #