2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
- <b>Z</b> . <b>Y U</b>	OMITORIN			

DOCUMENT # A2395	6							
LEECO ASSOCIATES, LTD.		FILED !						
Principal Place of Business	Mailing Address		01 FEB 13 PM 12: 06					
ONE S.E. 3RD AVE.	ONE S.E. 3RD AVE.			1				
STE. 3050	STE. 3050			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 33131	MIAMI FL 33131			T HER HIT TO THE PROPERTY OF T				
Principal Place of Business     3. Mailing Address				-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	City & State			4. FEI Number 59-2749099 Applied For Not Applicable				
Zip Country	Zip Country Zip Co		ntry	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					
			Name					
ROSENBERG, DONALD S.			Street Address (P.O. Box Number is Not Acceptable)					
ONE SE THIRD AVAE.								
STE. 2600 MIAMI FL 33131			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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions as Shown on record.  \$1,523,238.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
A GENERAL PARTNER	THAT IS A BUSINESS EN AY NOT be changed on th	TITY M ne form	IUST BE REGIST 1; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.				
12. GENERAL PARTNE		13.		ADDRESS CHANGES ONLY				
DOCUMENT # J45070 NAME LEECO CORP.				4000037083041				
STREET ADDRESS ONE SE THIRD AVENUE CITY-ST-ZIP MIAMI FL 33131		CITY	(-ST-ZIP	-02/16/0101137-023 ****535.00 *****535.00				
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STREET ADDRESS CITY-ST-ZIP		CIT	Y-ST-ZIP					
DOCUMENT # NAME		STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	***************************************		Y-ST-ZIP					
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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trusteelempowered to execute this report as required by Chapter 620. Florida Statutes.  SIGNATURE:  Date  Date  Daytime Phone 9								