2002 UNIFORM BUSINESS REPORT (UBR)

A23956 **DOCUMENT #**

1. Entity Name

LEECO ASSOCIATES, LTD.

Principal Place of Business

ONE S.E. 3RD AVE. STE. 3050

MIAM! FL 33131

ONE S.E. 3RD AVE. STE. 3050

Mailing Address

MIAM! FL 33131

FILED

02 APR 26 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					8 8 8	
2. Principal Place of Business		3. Mailing Add	ress			
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	DUE BY MAY 1, 2002		
City & State		City & State	4	4. FEI Number 59-2749099	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			1	7. Name and Address of New Register	ed Agent	
ROSENBERG, DONALD S. ONE SE THIRD AVAE.			Name	Name Street Address (P.O. Box Number is Not Acceptable)		
STE. 2600						
MIAMI FL 33131			City		FL Zip Code	
SIGNATURE _	Signature, typed or printed name of registered artifibutions \$1,523,238.		unt of Capital Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown on record. In FEURIDIA to G			INESS ENTITY MUST BE RI	SEE REVERSE SIDE FOR FEE INFORMATION ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. If form; an amendment must be filed to change a general partner.		
				ADDRESS CHANGES		
12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES	UNLT	
DOCUMENT # NAME	J45070 LEECO CORP.		STREET ADDRESS			
STREET ADDRESS City-St-Zip	ONE SE THIRD AVENUE MIAMI FL 33131		CITY-ST-ZIP	90000545	02795	
DOCUMENT #			STREET ADDRESS	90000545 -05/03/02- ****535.0	-01065000 0 ****535.00	
STREET ADDRESS :	i		CITY-ST-ZIP			
DOCUMENT #	- E		STREET ADDRESS	·		
STREET ADDRESS			CITY-ST-ZiP		·	

CITY-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 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP **DOCUMENT #**

CITY-ST-ZIP DOCUMENT#

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

NAME . STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (9/01