



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A23956 1. Entity Name LEECO ASSOCIATES, LTD.					
Principal Place of Business ONE S.E. 3RD AVE. STE. 3050 MIAMI, FL 33131			Mailing Address ONE S.E. 3RD AVE. STE. 3050 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite Apt # etc. City & State Zip Country		
					
			01052004 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-2749099		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSENBERG, DONALD S. ONE SE THIRD AVAE. STE. 2600 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$1,523,238.00			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 #	J45070		STREET ADDRESS		
NAME	LEECO CORP.		CITY- ST- ZIP		
STREET ADDRESS	ONE SE THIRD AVENUE				
CITY- ST- ZIP	MIAMI, FL 33131				
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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					
SIGNATURE: <u>James O'Neil</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>3/2/04</u> Daytime Phone #		

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