


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 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. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2749099 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | |
| 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 | | | | FL Zip Code | |
| 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 | 05/06/05-80013-008 535.00 | |
| NAME | LEECO CORP. | | CITY-ST-ZIP | | |
| STREET ADDRESS | ONE SE THIRD AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
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| 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)(f), 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: <i>John D. O'Neil</i> | | | 4/28/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

STAPLE CHECK HERE