

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3000269** Applied For ☐ 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

LECCSE, SALVADOR F
2221 LEE RD., SUITE 28
WINTER PARK, FL 32789

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

9. Capital Contributions as Shown on record. **\$20,500.00**

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

DOCUMENT # **K67411**
NAME **LECCSE OAK FOREST CORP.**
STREET ADDRESS **2221 LEE RD., SUITE 28**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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CITY-ST-ZIP _____

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____
CITY-ST-ZIP _____

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STREET ADDRESS _____
CITY-ST-ZIP _____

100036472101
05/14/04--01048--016 **241.00

[Handwritten Signature]

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-04
Date

407-645-5575
Daytime Phone #

STAPLE CHECK HERE