

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**98 JAN 15 PM 4:05**

1. Name of Limited Partnership	1a. DOCUMENT # <b>A30552</b>
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**LECESSE CREEKWOOD ASSOCIATES, LTD.**

Mailing Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	Principal Office Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	3. Date Formed or Registered <b>08/31/1990</b>	5a. Capital Contributions as Shown on record <b>\$100.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>12/30/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>59-3058368</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

**9. Name and Address of Current Registered Agent**

**LECESSE, SALVADOR F**  
**1412 WEST COLONIAL DRIVE**  
**ORLANDO FL 32804**

**10. If changed, new Registered Agent/Office**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LECESSE DEV. CORP.	1412 W. COLONIAL DR.	ORLANDO FL	H64405
LECESSE CORP. OF LAKE MARY	1412 W. COLONIAL DR.	ORLANDO FL	G54818

**200002413312--4**  
**-01/27/98--01070--008**  
**\*\*\*\*165.00 \*\*\*\*165.00**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Salvador Leccese DATE 12/29/97  
 Typed or Printed Name of General Partner Signing Form Salvador Leccese, President Daytime Telephone Number 407-422-3080

CR2E003 (6/97)