

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A30552
LECESSE CREEKWOOD ASSOCIATES, LTD.	



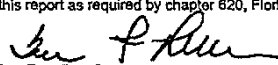
Mailing Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804		Principal Office Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804		3. Date Formed or Registered 08/31/1990	5a. Capital Contributions as Shown on record. \$100.00
				3a. Date of Last Report 01/15/1998	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	
2. Mailing Address 2221 Lee Rd Suite, Apt. #, etc. Sk 28 City & State Wink-Park FL Zip 32789 Country USA		2a. Principal Office Address 2221 Lee Road Suite, Apt. #, etc. Sk 28 City & State Wink-Park FL Zip 32789 Country USA		6. FEI Number 59-3058368 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 Leese Salvador Street Address (P.O. Box Number is Not Acceptable) 2221 Lee Road Suite, Apt. #, etc. Sk 28 City Wink-Park State FL Zip Code 32789	
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 12/2/98	

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
200002748782--4. -01/20/99--01114--002 *****141.25 *****141.25			

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  Typed or Printed Name of General Partner Signing Form Salvador Leese, Pres Leese Dev Corp	DATE 12/2/98 Daytime Telephone Number 407-645-5575

CR2E003 (8/98)