

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED


2005 APR 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30552

1. Entity Name
LECESSE CREEKWOOD ASSOCIATES, LTD.

150 Creekwood



Principal Place of Business
2221 LEE RD., SUITE 28
WINTER PARK, FL 32789

Mailing Address
2221 LEE RD., SUITE 28
WINTER PARK, FL 32789

2. Principal Place of Business
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs FL
Zip
32701
Country
USA

3. Mailing Address
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs FL
Zip
32701
Country
USA



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3058368

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LECESSE, SALVADOR F
2221 LEE RD., SUITE 28
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

650 S. Northlake Blvd, Suite 450
City
Altamonte Springs FL Zip Code
32701

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. \$100.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	H64405 LECESSE DEVELOPMENT CORPORATION 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] 4-6-05 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE