2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A30552

1. Entity Name

LECÉSSE CREEKWOOD ASSOCIATES, LTD.



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701

Mailing Address

650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701



01042007 No Chg-LP

CR2E003 (12/06)

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

LECCESE, SALVADOR F 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

8. The above the obliga	a named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable,	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900	
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 #	H64405	
NAME	LECESSE DEVELOPMENT CORPORATION	
STREET ADDRESS	650 S. NORTHLAKE BLVD., STE 450	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	U0000044705
DOCUMENT #		U00000641705
NAME		03/01/07-80011-010 S08.75
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DOCUMENT #
NAME
STREET ADDRESS
GITY-ST-ZIP

ku flem 1, Salvo

. Salvador F Leccese

1-16-07

407-645-5575