

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

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



1. Name of Limited Partnership  LECCESE LML, LTD.	1a. DOCUMENT # <b>A30902</b>
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Mailing Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	Principal Office Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	3. Date Formed or Registered 12/12/1990	5a. Capital Contributions as Shown on record.  \$0.00
		3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 2221 Lee Rd Sk 28 Wink-Park FL 32789 USA	2a. Principal Office Address 2221 Lee Rd Sk 28 Wink-Park FL 32789 USA	4. State or Country of Formation FL	
		6. FEI Number 59-3070784	<input type="checkbox"/> Applied For <input 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  LECCESE, SALVADOR F 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	10. If changed, new Registered Agent/Office Name: Salvador Leccese Street Address (P.O. Box Number is Not Acceptable): 2221 Lee Rd Suite, Apt. #, etc.: Sk 28 City: Wink-Park FL Zip Code: 32789
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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) *Salvador Leccese* DATE 12/22/98

**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)  LECCESE, SALVADOR F	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1412 W. COLONIAL DRIV	11b. City, State & Zip Code ORLANDO FL	11c. Registration/ Document Number  900002748779--3 -01/20/99--01114--001 ****141.25 ****141.25
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**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 12/22/98  
Typed or Printed Name of General Partner Signing Form *Salvador Leccese* Daytime Telephone Number 407 645-5575

CR2E003 (8/98)