



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

|  |                               |                    |  |  |  |
|--|-------------------------------|--------------------|--|--|--|
| <b>DOCUMENT # A30902</b><br>1. Entity Name<br><b>LECCESE LML, LTD.</b>   |                               |                    |  |   |  |
| Principal Place of Business<br><b>2221 LEE RD., SUITE 28</b><br><b>WINTER PARK, FL 32789</b>   |                               |                    | Mailing Address<br><b>2221 LEE RD., SUITE 28</b><br><b>WINTER PARK, FL 32789</b> |  |  |
| 2. Principal Place of Business   |                               | 3. Mailing Address |  |  |  |
| Suite, Apt #, etc  |                               | Suite, Apt #, etc  |  |  |  |
| City & State   |                               | City & State       |  | 4. FEI Number<br><b>59-3070784</b>   |  |
| Zip  |                               | Country            |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent  |                               |                    |  | 7. Name and Address of New Registered Agent  |  |
| <b>LECCESE, SALVADOR F</b><br><b>2221 LEE RD., SUITE 28</b><br><b>WINTER PARK, FL 32789</b>  |                               |                    |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                               |                    |  |  |  |
| 9. Capital Contributions as Shown on record. <b>\$0.00</b>   |                               |                    | 10. Amount of Capital Contributions in FLORIDA to date                           |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                               |                    |  |  |  |
| 12. GENERAL PARTNER INFORMATION  |                               |                    |  | 13. ADDRESS CHANGES ONLY   |  |
| DOCUMENT #   | NAME                          |                    |  | STREET ADDRESS   |  |
| NAME   | <b>LECCESE, SALVADOR F</b>    |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS   | <b>2221 LEE RD., SUITE 28</b> |                    |  |  |  |
| CITY - ST - ZIP  | <b>WINTER PARK, FL 32789</b>  |                    |  |  |  |
| DOCUMENT #   |                               |                    |  | STREET ADDRESS   |  |
| NAME   |                               |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS   |                               |                    |  |  |  |
| CITY - ST - ZIP  |                               |                    |  |  |  |
| DOCUMENT #   |                               |                    |  | STREET ADDRESS   |  |
| NAME   |                               |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS   |                               |                    |  |  |  |
| CITY - ST - ZIP  |                               |                    |  |  |  |
| DOCUMENT #   |                               |                    |  | STREET ADDRESS   |  |
| NAME   |                               |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS   |                               |                    |  |  |  |
| CITY - ST - ZIP  |                               |                    |  |  |  |
| DOCUMENT #   |                               |                    |  | STREET ADDRESS   |  |
| NAME   |                               |                    |  | CITY - ST - ZIP  |  |
| STREET ADDRESS   |                               |                    |  |  |  |
| CITY - ST - ZIP  |                               |                    |  |  |  |
| 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. |                               |                    |  |  |  |
| <b>SIGNATURE:</b>   |                               |                    |  | 4-14-04 407-645-5575   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                               |                    |  | Date Daytime Phone #   |  |

STAPLE CHECK HERE



04112004 Chg-LP CR2E003 (10/03)

Applied For  
Not Applicable

**FL** Zip Code

UP00000158721  
05/07/04 000033 019 150.00