

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30902

Entity Name: LECCESE LML, LTD.

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3070784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LECCESE, SALVADOR F

Address: 650 S. NORTHLAKE BLVD, STE 450

City-St-Zip: ALTAMONTE PARK, FL 32701

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SALVADOR F. LECCESE

GP

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date