FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A30904**

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 AM 9: 56



ECCESE SOUTH VILLAGE, LTD.			1886 011 1888 1911 8818 1811 8819 1819 8181 8181 8181 8181 8181 8181 8181 8181 1			
Mailing Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	Principal Office Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	1412 WEST COLONIAL DRIVE		3. Date Formed or Registered 12/12/1990 38. Date of Last Report	5a. Capital Contributions as Shown on record.	
	0.12mb3 / 0.100/	`		12/30/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		59-3070786 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)		
9. Name and Address of Co	urrent Registered Agent			10. If changed, new Register	ed Agent/Office	\exists
	Name .					
LECCESE, SALVADOR F 1412 WEST COLONIAL DRIVE		Street Address (P.O. Box Number Is Not Acceptable)				
ORLANDO FL 32804		Suite, Apt. (pt. #, etc.			
		City		FL Zip Code		
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH		, LIMITED ND ACTIV	PART VE WIT	NERSHIP OR OTH	ER BUSINESS ENTI	ΓΥ
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner Box Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
LECCESE, SALVADOR F	1412 W. COLONIAL DR		ÓRL	ANDO FL 700002 -01/16 ****1		CR2E003 (6/97)
Note: General partners MAY N 12 I do hereby certify that the information supplied Corporations from any liability of non-compliant this annual report is true and accurate and that	with this filing is voluntarily furnished and does se with Section 119.07(3)(k) in the event that th my signature shall have the same legal effects	s not qualify for the e information supp	e exemption olied is deen	stated in Section 119.07(3)(k), Florid ned exempt from public access. I fur	la Statutes I release the Division of ther certify that the information indicate	ed on
empowered to execute this report as required to SIGNATURE	sh Fler	•		DATE	12/22/97	_
Typed or Printed Name of General Partner Signing For	Salvador Lea	cese		Daytime Telephone Number	107-422-308	<u>></u>