

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A30904

LECCESE SOUTH VILLAGE, LTD.



Mailing Address

Principal Office Address

1412 WEST COLONIAL DRIVE
ORLANDO FL 32804

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:

4. State or Country of Formation

FL

6. FEI Number

59-3070786

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

2221 Lee Road

2221 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5K 28

5K 28

City & State

City & State

Winter Park FL

Winter Park FL

Zip

Country

Zip

Country

32789 USA

32789 USA

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.

5K 28

City

Winter Park

FL

Zip Code

32789

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

000002748810--5
-01/20/99--01114--017
****141.25 ****141.25

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 (8/96)