

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30904**

1. Entity Name  
**LECCESE SOUTH VILLAGE, LTD.**



Principal Place of Business  
**650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3070786**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

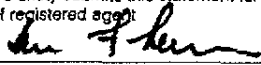
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LECCESE, SALVADOR F  
650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
IN THIS SPACE**

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   
Signature, typed or printed name of registered agent and title if applicable

**1-25-06**

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LECCESE, SALVADOR F  
650 S. NORTHLAKE BLVD, STE 450  
ALTAMONTE SPRINGS, FL 32701**

**000000420514  
02/15/06-80061-008 508.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP


DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-25-06**

DATE

**407645-5575**

Daytime Phone #

STAPLE CHECK HERE