

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Feb 19, 2007 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



**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3070786	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 #	LECCESE, SALVADOR F
NAME	650 S. NORTHLAKE BLVD, STE 450
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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U00000641618  
03/01/07-80007-004 508.75

**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:** Salvador F Leccese 1-16-07 407-643-3575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #