

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED


2005 APR 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000219

1. Entity Name  
LECESSE WICKHAM ASSOCIATES, LTD.

53500 Wickham



Principal Place of Business  
2221 LEE RD., SUITE 28  
WINTER PARK, FL 32789

Mailing Address  
2221 LEE RD., SUITE 28  
WINTER PARK, FL 32789

2. Principal Place of Business  
650 S. Northlake Blvd  
Suite, Apt. #, etc.  
Suite 450  
City & State  
Altamonte Springs, FL  
Zip  
32701

3. Mailing Address  
650 S. Northlake Blvd  
Suite, Apt. #, etc.  
Suite 450  
City & State  
Altamonte Springs, FL  
Zip  
32701



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3227982

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LECESE, JACQUELINE  
2221 LEE RD., SUITE 28  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
650 S. Northlake Blvd, Suite 450  
City  
Altamonte Springs FL Zip Code  
32701

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$493,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000007395	STREET ADDRESS	650 S. Northlake Blvd, Suite 450
NAME	CAMBRIDGE WICKHAM, INC.	CITY-ST-ZIP	Altamonte Springs, FL 32701
STREET ADDRESS	2221 LEE RD., SUITE 28		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500054033525
STREET ADDRESS			05/06/05 01115-021 **535.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jacqueline Lecece 4-6-05 407-645-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE