


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT #A94000000219 1. Entity Name LECESSE WICKHAM ASSOCIATES, 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

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LECCSE, JACQUELINE 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 *Jacqueline Leccese* DATE 1-25-06
Signature, typed or printed name of registered agent and title if applicable.

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 #	P94000007395
NAME	CAMBRIDGE WICKHAM, INC.
STREET ADDRESS	650 S. NORTHLAKE BLVD., STE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000407027
02/07/06-80114-017 508.75

**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: *Jacqueline Leccese* 1-25-06 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE