

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 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**



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3227982

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, 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

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

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U00000641617
03/01/07-80007-003 508.75

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-07

407-643-5523

Date

Daytime Phone #