



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000219</b> 1. Entity Name <b>LECESSE WICKHAM ASSOCIATES, LTD.</b>	
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Principal Place of Business <b>650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent

**LECESE, 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 Lecece* 2/20/08  
Signature typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	
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**DO NOT WRITE IN THIS SPACE**

U00000843921  
03/12/08-80013-021 508.75

STAPLE CHECK HERE

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 Lecece* 2/20/08 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
645-5575