

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000219

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** LECESE WICKHAM ASSOCIATES, LTD.

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3227982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LECESE, JACQUELINE  
650 S. NORTHLAKE BLVD., STE 450  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000007395  
Name: CAMBRIDGE WICKHAM, INC.  
Address: 650 S. NORTHLAKE BLVD., SUITE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CAMBRIDGE WICKHAM INC

GP

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date