

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001608

1. Entity Name
CAMBRIDGE ANTIGUA ASSOCIATES, LTD.



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

Mailing Address
2221 LEE ROAD
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
Country

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

04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3282517
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LECCESE, JACQUELINE
2221 LEE ROAD, 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. \$1.00

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 # P94000085097
NAME CAMBRIDGE ANTIGUA, INC.
STREET ADDRESS 2221 LEE ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS 650 S. Northlake Blvd, Suite 450
CITY-ST-ZIP Altamonte Springs, FL 32701

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Leccese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-6-05
Date

407-645-5575
Daytime Phone #

STAPLE CHECK HERE