

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB -2 PM 1:45

1. Name of Limited Partnership  LEESEE LIMITED		1a. DOCUMENT # A98000000038	
Mailing Address 12219 Brightwater Blvd. Tampa, FL 33617		Principal Office Address 12219 Brightwater Blvd. Tampa, FL 33617	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered Formed 12/22/97 Registered 12/26/97		5a. Capital Contributions as Shown on record \$2,500,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date \$1,193,796	
4. State or Country of Formation Florida		6. FEI Number 59-3483521	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information) Prepaid - see attached letter	

9. Name and Address of Current Registered Agent James P. Hines, Esq. Hines & Associates, P.A. 315 South Hyde Park Avenue Tampa, FL 33606		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
--	--	--	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *James P. Hines*

DATE 1-27-98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Arthur Tepper and Elizabeth E. Tepper, as Trustees of the Arthur Tepper Revocable Trust	12219 Brightwater Blvd.	Tampa, FL 33617	N/A - Grantor Trust
Elizabeth E. Tepper and Arthur Tepper, as Trustees of the Elizabeth E. Tepper Revocable Trust	12219 Brightwater Blvd.	Tampa, FL 33617	N/A - Grantor Trust

300002421583--9  
-12/26/97--01058--009  
\*\*\*2328.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

*Arthur Tepper and Elizabeth E. Tepper*  
Arthur Tepper and Elizabeth E. Tepper,  
as Trustees of General Partner

DATE 1/26/98

Daytime Telephone Number 813-989-1032

CR2E003 (6/97)