2000 UNIFORM BUSINESS REPORT (UBR) A9800000038

DOCOM	/ENJ
1. Entity Name	ı

LEEGEE LIMITED

Principal Place of Business

Mailing Address

12219 BRIGHTWATER BLVD. **TAMPA FL 33617**

12219 BRIGHTWATER BLVD. TAMPA FL 33617-1708

2. Principal Place of Business 3 Mailing Address

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SEGRETARY OF STATE TALL'AHASSEE FLORIDA



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S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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	City & State City & State				4. FEI Number	4. FEI Number 59-3483521				
S. Name and Address of Current Registered Agent Annual HINES, JAMES P ESQUIRE HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA FL 33606 City FL Zip Code 6. 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 Syndrow byted or philosis form of impossed Agent and this / registered. 9. Capital Contributions \$2,500,000.00 10. Amount of Claptal Contributions \$2,500,000.00 11. MARE CHEEK PAYABLE TO DEPT. OF STATE \$2,500,000.00 12. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amondment must be filled to change a general partner. ACRIFICATION STATE SITERITADORSS ACTIVIST-2P TAMPA FL 33617 DODAMBR! NAME LIZABETH E. TEPPER TRUSTEE OF THE ELIZABE 12219 BRIGHTWATER BLVD. TAMPA FL 33617 TAMPA FL 33617 DODAMBR! NAME SITERI ADDRESS CITY-ST-2P TAMPA FL 33617 STREET ADDRESS CITY-ST-2P DODAMBR! NAME STREET ADDRESS CITY-ST-2P DODAMBR! STREET ADDRESS CITY-ST-2P DODAMBR! NAME STREET ADDRESS CITY-ST-2P DODAMBR! STREET ADDRESS	Zip	Zip Country Zip		Cour	ntry					
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	_4	parties that the information cumplied with	this filing does not qualify	for the cyc	motion stated in	Section 119 07/3/6\	Florida Statutes I fur	ther certif	v 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: