

2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

DOCUMENT # A98000001673

1. Entity Name
SOFRAN LEESBURG, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 27 AM 9:09

Principal Place of Business
**4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224**

Mailing Address
**4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224**



01052009 No Chg-LP

CR2E003 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2406183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROULEAU, ROBERT
4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2009, 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 # **P00441**
NAME **THE SOFRAN CORPORATION**
STREET ADDRESS **4312 PABLO PROFESSIONAL CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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400142092624
01/27/09--01005--002 **500.00

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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:

Robert Rouleau 01/16/2009 (904) 821-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE