


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A98000002327</b>			
1. Entity Name <b>LEECH INVESTMENTS, LTD.</b>			
Principal Place of Business <b>2787 DICK WILSON DR. SARASOTA FL 34240</b>		Mailing Address <b>2787 DICK WILSON DR. SARASOTA FL 34240</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237</b>		4. FEI Number <b>65-0870956</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>LEECH, JOHN L</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>2787 DICK WILSON DR.</b>		
CITY- ST- ZIP	<b>SARASOTA FL 34240</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>LEECH, M. ELEANOR</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>2787 DICK WILSON DR.</b>		
CITY- ST- ZIP	<b>SARASOTA FL 34240</b>		
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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: <i>John L Leech</i> <b>JOHN L. LEECH</b>		4/16/07 <b>941-341-0740</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

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