


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000676			
1. Entity Name LECCESE FAMILY PARTNERSHIP, LTD.		<i>\$150.00 Family PO</i>	
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 <i>650 S. Northlake Blvd</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Altamonte Springs, FL</i> Zip <i>32701</i> Country <i>USA</i>		3. Mailing Address <i>650 S. Northlake Blvd</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Altamonte Springs, FL</i> Zip <i>32701</i> Country <i>USA</i>	
4. FEI Number 59-3525076		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03312005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent LECCESE, SALVADOR F 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) <i>650 S. Northlake Blvd, Suite 450</i> City <i>Altamonte Springs</i> FL Zip Code <i>32701</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$700.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000051093 LECCESE HOLDINGS, INC. 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	<i>650 S. Northlake Blvd, Suite 450</i> <i>Altamonte Springs, FL 32701</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: <i>[Signature]</i>		4-6-05 407-645-5575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

600054348106  
05/12/05 01002-006 \*\*150.00