2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # B00000000027 1. Entity Name LEASCO MANAGEMENT COMPANY, LTD.

Principal Place of Business 9198 GREENBACK LANE, #115

ORANGEVALE, CA 95662

Mailing Address

9198 GREENBACK LANE, #115 ORANGEVALE, CA 95662

FILED Feb 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02012006 Na Chg-LP CR2E003 (11/05)

4, FE) Number 68-0393247

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

. 6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV ONE SARASOTA TOWER 2033 MAIN ST, STE 600 SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its register of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable.		istered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept [[U1]][0]]]][1448293
FILE NOWILL FEE IS \$500.00 After May 1, 2006, 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.		
DOGUMENT / NAME SIRLE I ADDRESS CITY-ST-ZIP	GENERAL PARTNEH INFORMATION WILLIAMS, DALE A 2801 WEST COAST HIGHWAY, #360 NEWPORT BEACH, CA 92563	
NAME STREET ADDRESS CITY-ST-ZIP	BRENNING, LORI 9198 GREENBACK LANE, #115 ORANGEVALE, CA 95662	
DOCUMENT I NAME SIREET ADDRESS CITY-ST-ZIP	•	DO NOT WRITE IN THIS SPACE
ODCUMENT I NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT F NAME SITTET ADDRESS CITY-ST-ZIP		
DOCUMENT #	1	

14. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

STAPLE CHECK HERE

NAME STREET AUDRESS CITY-SI-ZIP