

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



01222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI 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**

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, 2008, 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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**WILLIAMS, DALE A
2801 WEST COAST HIGHWAY, #360
NEWPORT BEACH, CA 92663**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BRENNING, LORI
9198 GREENBACK LANE, #115
ORANGEVALE, CA 95662**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000930E33
05/21/08-80115-020 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE