


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 APR -9 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B01000000214</b>		
1. Entity Name LANTANA CASCADE INVESTORS, LTD.		

Principal Place of Business 9198 GREENBACK LANE, SUITE 115 ORANGEVALE, CA 95662	Mailing Address 9198 GREENBACK LANE, SUITE 115 ORANGEVALE, CA 95662
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03252004 Chg-LP CR2E003 (10/03)

4. FEI Number APPLIED FOR 68-03/2303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEBB, RICHARD  
~~4 SARASOTA TOWER #500~~  
~~2 NORTH TAMiami TRAIL~~  
 SARASOTA, FL ~~34236~~

7. Name and Address of New Registered Agent

Name Webb, Richard S IV, ESQ  
 Street Address (P.O. Box Number is Not Acceptable)  
2033 Main Street Suite 600  
 City Sarasota FL Zip Code 34237

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

9. Capital Contributions as Shown on record: <b>\$1,533,325.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>4/5/04</b>
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**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 #	F93000004481	STREET ADDRESS	
NAME	LEASCO REALTY COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	9198 GREENBACK LANE, SUITE 115		
CITY-ST-ZIP	ORANGEVALE, CA 95662		
DOCUMENT #		STREET ADDRESS	600033182136
NAME		CITY-ST-ZIP	04/20/04--01070--026 **526.25
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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: Lodi Brenning Manager 4/5/04 916/989-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE