

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000038

Entity Name: LEEGEE LIMITED**Current Principal Place of Business:**600 GARRISON COVE LANE
UNIT #5
TAMPA, FL 33602**Current Mailing Address:**600 GARRISON COVE LANE
UNIT #5
TAMPA, FL 33602 US**FEI Number:** 59-3483521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HINES, JAMES PESQUIRE
HINES & ASSOCIATES, P.A.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**General Partner Detail :**

Document #
Name ARTHUR TEPPER TRUSTEE OF THE ARTHUR TEPPER
Address 600 GARRISON COVE LANE UNIT #5
City-State-Zip: TAMPA FL 33602

Document #
Name ELIZABETH E. TEPPER TRUSTEE OF ARTHUR TEPP
Address 600 GARRISON COVE LANE UNIT #5
City-State-Zip: TAMPA FL 33602

Document #
Name ELIZABETH E. TEPPER TRUSTEE OF THE ELIZABE
Address 600 GARRISON COVE LANE UNIT #5
City-State-Zip: TAMPA FL 33602

Document #
Name ARTHUR TEPPER TRUSTEE OF THE ELIZABETH E T
Address 600 GARRISON COVE LANE UNIT #5
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR TEPPER**GP****01/07/2014**_____
Electronic Signature of Signing General Partner Detail_____
Date