

2001 UNIFORM BUSINESS REPORT (UBR)

0014171 AF

DOCUMENT # **A97000002217**

1. Entity Name
MID-CAPE, LTD.

FILED

01 APR 30 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O LEVAN ASSET MANAGEMENT CORP. 2159 ANDREA LANE. D-4 FT. MYERS FL 33912**
Mailing Address: **C/O LEVAN ASSET MANAGEMENT CORP. 2159 ANDREA LANE. D-4 FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0788266		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

6. Name and Address of Current Registered Agent
LEVAN, TERRIS T
2159 ANDREA LANE, UNIT D-4
FT. MYERS FL 33912

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$158,400.00** 10. Amount of Capital Contributions in FLORIDA to date. **158,400.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000087646	STREET ADDRESS	100004220921 2
NAME	K-L ENTERPRISES OF SOUTH FLORIDA, INC.	CITY-ST-ZIP	-05/16/01--01122--005
STREET ADDRESS	2159 ANDREA LANE, UNIT D-4		****526.25 ****526.25
CITY-ST-ZIP	FT. MYERS FL 33912		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: **TERRIS T LEVAN** Date: **4/25/01** Daytime Phone #: **888-442-4580**

CR2E003 (11/00)