


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000002217	
1. Entity Name MID-CAPE, LTD.	

Principal Place of Business C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS FL 33919	Mailing Address C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS FL 33919
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MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0788266	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEVAN, TERRIS T C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS FL 33919

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. 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. \$158,400.00	10. Amount of Capital Contributions in FLORIDA to date. 158,400.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000087646 K-L ENTERPRISES OF SOUTH FLORIDA, INC. 8250 COLLEGE PARKWAY, #201 FT. MYERS FL 33919	STREET ADDRESS	
		CITY - ST - ZIP	00000120157 04/20/04-80008-010 526 25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	

STAPLE CHECK HERE

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** 4/13/04 239-482-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #