


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 24, 2006 08:00 A
Secretary of State**

DOCUMENT # A97000002217 1. Entity Name MID-CAPE, LTD.	
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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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04052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0788266	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 LEVAN, TERRIS T C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS, FL 33919
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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.

1100000530603
05/06/06-808484-1004 500.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P97000087646
NAME	K-L ENTERPRISES OF SOUTH FLORIDA, INC.
STREET ADDRESS	8250 COLLEGE PARKWAY, #201
CITY-ST-ZIP	FT. MYERS, FL 33919
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Terris Levan *president* 4/19/06 239-482-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE