

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A9700002217**



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**



01252007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0788266</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	<b>P97000087646</b>
NAME	<b>K-L ENTERPRISES OF SOUTH FLORIDA, INC.</b>
STREET ADDRESS	<b>8250 COLLEGE PARKWAY, #201</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE  
 IN THIS SPACE**

STAPLE CHECK HERE

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 **1/27/07** **239-482-4580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #