


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015005 AT

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

FILED

03 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4/18

DUE BY MAY 1, 2003

4. FEI Number 65-0788266	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent				
LEVAN, TERRIS T C/O LEVAN ASSET MANAGEMENT CORP. 8250 COLLEGE PARKWAY #201 FT. MYERS FL 33919	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Name</td></tr> <tr><td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td style="padding: 5px;">City</td></tr> <tr><td style="padding: 5px;">Zip Code</td></tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	Zip Code
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
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.	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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">DOCUMENT #</td><td>P97000087646</td></tr> <tr><td style="width: 15%;">NAME</td><td>K-L ENTERPRISES OF SOUTH FLORIDA, INC.</td></tr> <tr><td style="width: 15%;">STREET ADDRESS</td><td>8250 COLLEGE PARKWAY, #201</td></tr> <tr><td style="width: 15%;">CITY-ST-ZIP</td><td>FT. MYERS FL 33919</td></tr> </table>	DOCUMENT #	P97000087646	NAME	K-L ENTERPRISES OF SOUTH FLORIDA, INC.	STREET ADDRESS	8250 COLLEGE PARKWAY, #201	CITY-ST-ZIP	FT. MYERS FL 33919	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">STREET ADDRESS</td><td></td></tr> <tr><td style="width: 30%;">CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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: <u>SIGNATURE REQUIRED</u> <i>(Signature)</i>	Date: 4/1/03	Daytime Phone #: 239-482-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)