

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 23 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A94000001251**

1. Entity Name  
**LEVIN FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**717 EAST OAK STREET  
 KISSIMMEE, FL 34744**

Mailing Address  
**717 EAST OAK STREET  
 KISSIMMEE, FL 34744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3273011**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**LEFKOWITZ, IVAN M  
 430 NORTH MILLS AVENUE  
 ORLANDO, FL 32803**

Name

Street Address (P. O. Box Number is Not Acceptable)

~~700035737487~~  
 05/07/04 01097--004 \*\*526.25

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

Signature, typed or printed name of registered agent and title if applicable.

**900035821209**  
 05/10/04--01075--004 \*\*526.25  
 DATE

9. Capital Contributions  
 as Shown on record.

**\$106,387.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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

**LEVIN, MITCHELL L  
 921 MAIN STREET, SUITE 201  
 KISSIMMEE, FL 34744**

STREET ADDRESS

**507 Palmer Street**

CITY-ST-ZIP

**Orlando, FL 32801**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**LEVIN, SWANTJE K  
 921 MAIN STREET, SUITE 201  
 KISSIMMEE, FL 34744**

STREET ADDRESS

**507 Palmer Street**

CITY-ST-ZIP

**Orlando, FL 32801**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/5/04

STAPLE CHECK HERE