

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:39

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**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3273011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Mitchell L. Levin
1402 Green Cove Road
Winter Park, FL 32789**

**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.

DATE

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**LEVIN, MITCHELL L
1402 GREEN COVE ROAD
WINTER PARK, FL 32789**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**LEVIN, SWANTJE K
1402 GREEN COVE ROAD
WINTER PARK, FL 32789**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**100074703871
05/17/06--01008--024 **500.00**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE