

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002217

**Entity Name:** MID-CAPE, LTD.

**Current Principal Place of Business:**

C/O LEVAN ASSET MANAGEMENT CORP.  
8250 COLLEGE PARKWAY#201  
FT. MYERS, FL 33919

**Current Mailing Address:**

C/O LEVAN ASSET MANAGEMENT CORP.  
8250 COLLEGE PARKWAY#201  
FT. MYERS, FL 33919 US

**FEI Number:** 65-0788266

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVAN, TERRIS T  
C/O LEVAN ASSET MANAGEMENT CORP.  
8250 COLLEGE PARKWAY#201  
FT. MYERS, FL 33919 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # P97000087646  
Name K-L ENTERPRISES OF SOUTH  
FLORIDA, INC.  
Address 8250 COLLEGE PARKWAY, #201  
City-State-Zip: FT. MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERRIS LEVAN

**PRESIDENT**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date