

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001785**

1. Entity Name  
**LEVIEN 2000 INVESTMENTS, LTD.**



Principal Place of Business  
**3100 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480**

Mailing Address  
**PHILIP LEVIEN  
43 DEER PARK ROAD  
KINGS POINT, NY 11024**



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-1064543**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.  
BOCA CORPORATE CENTER  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON, FL 33431**

**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 # **L00000013532**  
NAME **LEVIEN 2000 HOLDINGS, L.L.C.**  
STREET ADDRESS **43 DEER PARK ROAD**  
CITY-ST-ZIP **KINGS POINT, NY 11024**

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**UG00000411935**  
**02/18/06-80027-011 500.00**

**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

**1/18/06**  
Date

Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE