

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

**DOCUMENT # A03000000519**

1. Entity Name  
**LEVY VENTURES, LTD.**



FILED  
 2004 JUN -7 PM 2:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 190 GLADES ROAD, SUITE E-1  
 BOCA RATON, FL 33432

Mailing Address  
 190 GLADES ROAD, SUITE E-1  
 BOCA RATON, FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004 Chg-LP CR2E003 (10/03)

4. FEI Number **05-1180400** 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

**GREEN, MITCHELL F  
 KRAMER GREEN ZUCKERMAN GREEN & BUCHSBAUM  
 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
 HOLLYWOOD, FL 33021**

Name

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

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.

DATE

9. Capital Contributions as Shown on record. **\$990.00**

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 **MOULAVI, SASSON M.D.**  
 STREET ADDRESS **190 GLADES ROAD, SUITE E-1**  
 CITY-ST-ZIP **BOCA RATON, FL 33432**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**500037712305**  
**06/07/04--01007--005 \*\*555.00**

*Handwritten signature and date: 5/14/04*

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 #

*Handwritten date: 4/20/04*

STAPLE CHECK HERE