1. Name of Levine Partnership       1a. DOCUMENT # AO6161         1. Name of Levine Partnership       1a. DOCUMENT # AO6161         ALCUCESTER REALTY ASSOCIATES, A LIMITED       Image: Control of Registering Address         ARTNERSHIP       Principal Office Address       3. Date Format of Registering Address         Mailing Address       Principal Office Address       3. Date Format of Registering Address         Address Address       Principal Office Address       3. Date Format of Registering Address         Address Address       2a. Principal Office Address       3. Date Format of Registering Address         State Contry of Formation       5b. Aggregation as the State Contry of Formation         Address Address       2a. Principal Office Address       N         State Contry of Formation       5b. Aggregation as the State Contry of Formation       5b. Aggregation as the State Contry of Formation         2b       Country       Zp       Country       7b. Control of Grand Control of Country       5b. Aggregation as the State Doctrol of Country         9. Nems and Address of Country       Zp       Country       Total Eddress (FO Box Number In Net Address (FO Box Nume	LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. M Secretary of	FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 OCT 12 PM 4: 10	
An INCERDIFIC       Deleterative descent and intermediate and advecting descent advecting descen	1. Name of Limited Partnership		NT #			
4915 BATMEADON'S ROAD JACKSONNILLE FL 32217       12/16/1977       38. Date of Leet Report       \$50,000.00         2. Mailing Address       28. Principal Office Address       NY       50. concert of central Doddle.       50		OCIATES, A LIMITED				
Sets BATMEADOWS ROAD JACKSONVILLE FL 3217   Sets BATMEADOWS ROAD JACKSONVILLE FL 3217  ACKSONVILLE FL 3217  Sets Batmead Address  Sets Country  Sets Batmead Address  Care of Lange Sets  Care of L	Malling Address	Principal Office Address	Principal Office Address		58. Capital Contributions as Shown on record.	
2. Mailing Address       28. Principal Office Address       Optimization in FLORIDA         2016, Apt. #, etc.       Suite, Apt. #, etc.       Applied For         City & State       City & State       Country       Applied For         Zip       Country       Zip       Country       Rest or Country       Name         20       Country       Zip       Country       Rest or Country       Name         20       Country       Zip       Country       Rest or Country       Name         3. Mask deact purgitistic to Dept of State (Sec represent de for leinformer Registered Agent)       Name       Rest of Country       Rest of Country         10. If charged, new Registered Agent       10. If charged, new Registered Agent)       Name       Rest of Country       Rest of Country         1037       Name       State of Country       Rest of Country       Rest of Country       Rest of Country       Rest of Country         1040       Rest of Country         1057       Rest CREE DR       SOUTH       State of Country       Rest						
2. Malling Address       28. Principal Office Address       NY         Suite, Apt. #, etc.       6. FEI Nember       Applied For         City & State       City & State       7. Controls of State Desired       9. 7. States of State Desired       9. 7. States of States Desired       9. Test states of States Desired       9. Test states of States Desired Agent Of Desind Agent Of Desired Agent Of Desind Agent					5b. Amount of Capital Contributions in FLORIDA	
Sulle, Apt. 4, etc.       Sulle, Apt. 4, etc.          6, FEI Number           Applied For          City & State          City & State           City & State           7, Cetificate of States Desired           Applied For          Zip       Country       Zip            Applied For           Applied For          Zip       Country       Zip          Country           B, Meta decin payable to: Dip.L of State (Star reverse allos for the Informat          9, Name and Address of Current Registered Agent           10, If changed, now Registered Agent(Office           Bite Address (FO. Box Number Is Not Acceptable)          10977 RALEY CREEK DR. SOUTH           State Address (FO. Box Number Is Not Acceptable)           State Address (FO. Box Number Is Not Acceptable)          10977 RALEY CREEK DR. SOUTH           State Address (FO. Box Number Is Not Acceptable)           State Address (FO. Box Number Is Not Acceptable)          1008. Pursuent bite provisions of sections 620.1051 and 620.162, Foods Status, the above carened limited partner/tip organized or ingistered agent of the displaced of Foods. Such Acceptable           State Address (FO. Box Number Is Not Acceptable)          10107          Recellant Address of Control of State OD. State	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		-	
Cly & Caller     Dig & Caller       Zip     Country     Zip       Zip     Country     Zip       Request     B. Make direck payable to: Dept of State (See reverse uside to fee Information Registered Agent)       P     Country     Request of Country       Request     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country     Request of Country       Request of Country     Request of Country	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sulte, Apt. #, etc.			
Zip         Country         Zip         Country         Each Required           8, Make dead, payable to: Dopt of State (See reprine alde for fee Informed 9, Name and Address of Current Registered Agent         10. If changed, new Registered Agent/Office           HANSEN, LUCILLE M. 10977 RALEY CREEK DR. SOUTH JACKSONVILLE FL 32225         Street Address (PO, Box Humber Is Not Acceptable)           10a.         Breet Address (PO, Box Humber Is Not Acceptable)         Street Address (PO, Box Humber Is Not Acceptable)           10a.         Personal by the provisions of accions 620 1051 and 620 102. Footds Statute, the above named limited pathwerth organized or registered inder the laws of the Statute Address (PO, Box Humber) is personal pathwerth, and scept the obligations of accions 620 102. Footds Statute, the above named limited pathwerth organized or registered inder the laws of the Statute Address (PO, Box Humber)           10a.         Personal by the provisions of accions 620 1051 and 620 102. Footds Statute, the above named limited pathwerth organized or registered inder the laws of the Statute Address (PO, Box Humber)         Test Address (PO, Box Humber)           10a.         Personal by the provision of accions 620 102. Footds Statute, the above named limited pathwerth organized or registered address (PO, Box Humber)         Test Address (PO, Box Humber)           10a.         Registration (PO, Box Humber)         Date         Test Address (PO, Box Humber)         Test Address (PO, Box Humber)           110a.         County (PO, Humber)         If a Conty (PO, Humber)         Test Address (PO, Box	City & State	City & State	City & State			
HANSEN, LUCILLE M. 10977 RALEY CREEK DR. SOUTH JACKSONVILLE FL 32225       Streit Address (P.O. Box Number Is Not Acceptable)         Stills, APL #, etc. City       Streit Address (P.O. Box Number Is Not Acceptable)         108. Pursuant to the provisions of sections 620:1051 and 620.192, Florida Statutes, the above-nemed limited partnership organized or registered under the laws of the State of Florida, Buch change was suthorized by its general partner(s). I hereby accept the appointment of acginized acgent: I amendar with, metaniar with, metaniar with, metanely accept the displayment of accin 620:152. Florida Statutes, the above-nemed limited partnership organized or registered under the laws of the State of Florida, Buch change was suthorized by its general partner(s). I hereby accept the appointment of acginized acgent: I amendar with, metaniar with, metanely accept the displayment of acginized acgent is metaniar with, metaniar with, metanely accept the appointment of acginized acgent is metaniar with, metaniar with, metanely accept the displayment of acginized acgent is metaniar with, metaniar with, metanely accept the displayment of acginized acgent is metanely actioned Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a. (Co NOT Use Post Office Box Numbers)       11b. Chr, State 8 2(p.Code       11c. Registration/ Document Number         BELCHER, KERRY K       1600 REEF VIEW CIRCLE       CORONA DEL MAR CA       SCIDIDDDDE Code       64.9283-0119 *****438, 75         [Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change ageneral partner 2. (I do hereny arefly that the information supplied with this filing is voluntarily funitated and does not q	Zip Country	Zip C	Zip Country		······································	
HANSEN, LUCILLE M. 10977 RALEY CREEK DR. SOUTH JACKSONVILLE FL 3225       Streit Address (P.O. Box Number Is Not Acceptable)         Stills, Apt. #, etc.       City       FL       20 Address (P.O. Box Number Is Not Acceptable)         10a. Pursuan to be provisions of sections 620 1031 and 620 192. Florida Statutes, the above-nemed limited partnership organized or registered under the laws of the State of Florida, Such change was suthorized by its general partner(s). I hereby accept the appointment of aeginated agent, or both, in the State of Florida, Such change was suthorized by its general partner(s). I hereby accept the appointment of aeginated agent, or both, in the State of Florida, Such change was suthorized by its general partner(s). I hereby accept the appointment of aeginated agent, or both, in the State of Florida. Such change was suthorized by its general partner(s).         SIGNATURE (Proglatived Agent Acceptaing Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       Note:         11. Name(g) of General Partner(s)       11a. (Do NOT Use Post Oditios Box Numbers)       11b. City, State 8 2/p Code       11c. Registration/ Document Number         BELCHER, KERRY K       1600 REEF VIEW CIRCLE       CORONA DEL MAR CA       SCIDIODOCE (S-4-9-28)       -10/15/5/ (S-00183-0119)         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change ageneral partner       2         2       . Ide hereby ordify that the information supplied with this filing is voluntarily furnished and d	A Name and Address of Cur	rant Deglatered Agant		10 If chapterd, pay Repletared		
Sole Address (FO. BDX Ruther is NO Address (FO. BDX R			Name			
JACKSONVILLE FL 32225       Sulla, Apt. #. etc.         City       FL       20 FM H         10a.       Pursuant to the provisions of sections 620.1031 and 620.102. Floride Statutes, the above-named limited partnership organized or registered under the laws of the State of Floride. Automati State Floride Statutes, the above-named limited partnership organized or registered under the laws of the State of Floride. Automati State Floride Statutes.         10a.       Pursuant to the provisions of sections 620.1031 and 620.102. Floride Statutes.       Date         Image: State of Partner State of P	10977 RALEY CREEK DR. SOUTH		Street Address (P.O. Box Number Is Not Acceptable)			
10a.       Pursuant to the providence of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was sufficized by its general partner(s). It bereby accept the appointment of registered egent, the state of Florida. Such change was sufficized by its general partner(s). It bereby accept the appointment of registered egent, the state of Florida. Such change was sufficient of the specific egent of a social partner (s). The state of Florida Statutes.         SIGNATURE (Registered Agent Accepting Appointment)       DATE         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner;         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner;         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner;         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner;         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner;         11.       Name(s) of General Partner(s)       11a. To (bo NOT Use Post Office Best Numbers)       11b. City, State & Zip Code       11c. Document Number         11.       Name(s) of General Partners       1600 REEF VIEW CIRCLE       CORONA DEL MAR CA       SCIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Sulte, Apt. #, etc.			
for the purpose of changing list registered agent, or both, in the State of Florida. Such change was suthorized by its general partner(s). I hereby accept the appointment of registered agent, i am familiar with, and accept the obligations of section 520.192, Florida Batules.         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(e) of General Partner(s)       11a.       Address of Each General Partner         11.       Name(e) of General Partner(s)       11a.       Address of Each General Partner         BELCHER, KERRY K       1600 REEF VIEW CIRCLE       CORONA DEL MAR CA         80010000000000000000000000000000000000			City		FL Zip Com	
T1.       Name(s) of General Partner(s)       T12.       City, state & 20,000       T12.       City, state & 20,000       T12.       Document Number         BELCHER, KERRY K       1600 REEF VIEW CIRCLE       CORONA DEL MAR CA       SCICICICIC:20564923	for the purpose of changing its registered office agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Florida. tions of section 620.192, Florida Statutes.	Such change was aut	DATE	accept the appointment of registered	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner ******438.75 ******438.75 ******438.75 ************************************	11. Name(s) of General Pariner(s)			City, State & Zip Code		
<ul> <li>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner</li> <li>I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I rejease the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I rejease the Division of this simula report is true and accurate and water with Section 118.07(3)(k) in the information supplied is deemed exempt from public access. I further certify that the information indicated on this general Partner of the limited pertnership, receiver or true empowered to execute this report as required to ensure the statutes.</li> </ul>	DELOURD REDEVIZ		~		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated or this ennual report is true and accurate and that my elemeture shall have the same legal effects as if made under oath. I further certify that I em a General Partner of the limited pertnership, receiver or trus empowered to execute this report accurate this report accurate and that the statutes.	Belumer, <b>Ke</b> rry K	1600 REEF VIEW CIRCLE		rona del mar ca		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated or this ennual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I em a General Partner of the limited pertnership, receiver or trus empowered to execute this report perculted the integer 620. Florida Statutes.	BELCHER, <b>Ker</b> ry K	1600 REEF VIEW CIRCLE			<b>6649287</b> 7/3801083019 38.75 ****438.75	
NONATURE 5 01				800002 -10/15 *****4		
	Note: General partners MAY NO 2. I do hereby certify that the information supplied wi corporations from any liability of non-compliance this annual report is true and accurate and what my	DT be changed on this form; th this filing is voluntarily furnished and does not qu with Section 119.07(3)(k) in the event that the infor y signature shall have the same legal effects as if m	an amendme salify for the exemption mation supplied is deer	SCICIC2 -10/15 *****4 ent must be filed to cha stated in Section 119.07(3)(k), Florida St ned exempt from public access. I further	Inge a general partner. stutes. I release the Division of certify that the Information Indicated on	
	Note: General partners MAY NO 2. I do hereby certify that the information supplied wi Corporations from any liability of non-compliance this ennual report is true and accurate and their my	DT be changed on this form; th this filing is voluntarily furnished and does not qu with Section 118.07(3)(k) in the event that the inform y glongture shall have the same legal effects as if m mapper 620. Florida Statutes.	an amendme salify for the exemption mation supplied is deer	SCICIC2 -10/15 *****4 ent must be filed to cha stated in Section 119.07(3)(k), Florida St ned exempt from public access. I further	Inge a general partner. stutes. I release the Division of certify that the information Indicated on	