

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000591

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** BARRON AND SHIRLEY LEVIN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

100 W. CYPRESS CREEK RD., STE 700  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

643 PARKCREST PLACE  
MARIETTA, GA 30068

**New Mailing Address:**

643 PARKCREST PL  
MARIETTA, GA 30068

**FEI Number:** 26-2772353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLASSER, GENE K  
TRADE CENTRE SOUTH, STE. 700  
100 W. CYPRESS CREEK RD.  
FORT LAUDERDALE, FL 33309 US

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

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 INFORMATION:**

Document #:

Name: LEVIN, WILLIAM I  
Address: 643 PARKCREST PLACE  
City-St-Zip: MARIETTA, GA 30068

**ADDRESS CHANGES ONLY:**

Address: 643 PARKCREST PL  
City-St-Zip: MARIETTA, GA 30068

I hereby certify that the information indicated on this 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.

**SIGNATURE:** WILLIAM I. LEVIN

GP

04/11/2011

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

\_\_\_\_\_  
Date