

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

<b>DOCUMENT # A23138</b> 1. Entity Name <b>LEN LEVIN ASSOCIATES, LTD.</b>			
Principal Place of Business <b>7646 N. LOCKWOOD RIDGE RD</b> <b>SARASOTA, FL 34243</b>		Mailing Address <b>P.O. BOX 11229</b> <b>KNOXVILLE, TN 37939</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**



02252005    Chg-LP    CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>LEVIN, RICHARD</b> <b>7646 LOCKWOOD RIDGE DR</b> <b>SARASOTA, FL 34243</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
<b>9. Capital Contributions as Shown on record.</b> <b>\$725,452.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	

**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 #	P94000003725	STREET ADDRESS	
NAME	FOG LAKELAND GENERAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	1733 W. FLETCHER AVE.		
CITY-ST-ZIP	TAMPA, FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  
 FOG Lakeland General, INC. General Partner  
 Steven Levin, Vice President

3/21/05

Date                      Daytime Phone #