


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

\* FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:31

<b>DOCUMENT #A23138</b> 1. Entity Name LEN LEVIN ASSOCIATES, LTD.					
Principal Place of Business 7646 N. LOCKWOOD RIDGE RD SARASOTA, FL 34243			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business 925 South Federal Highway		3. Mailing Address			
Suite, Apt. #, etc. Suite 425		Suite, Apt. #, etc.		03092006 Chg-LP CR2E003 (11/05)	
City & State Boca Raton, FL 33432		City & State		4. FEI Number 58-1713200	
Zip 33432		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEVIN, RICHARD 7646 LOCKWOOD RIDGE DR SARASOTA, FL 34243			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000003725		STREET ADDRESS	925 South Federal Highway, Suite 425	
NAME	FOG LAKELAND GENERAL, INC.		CITY - ST - ZIP	Boca Raton, FL 33432	
STREET ADDRESS	1733 W. FLETCHER AVE.				
CITY - ST - ZIP	TAMPA, FL 33612				
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CITY - ST - ZIP					
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: 			Steven Levin, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			3/13/06 (561) 948-7100		

STAPLE CHECK HERE