

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

09 APR -1 PM 1:32

DOCUMENT #A23138 1. Entity Name LEN LEVIN ASSOCIATES, LTD.					
Principal Place of Business 925 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVIN, RICHARD 7646 LOCKWOOD RIDGE DR SARASOTA, FL 34243				Name <u>Steve Martin</u> Street Address (P.O. Box Number is Not Acceptable) <u>925 S. Federal Hwy</u> <u>Suite 425</u> City <u>Boca Raton</u> FL Zip Code <u>33432</u>	
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 <u>2/14/08</u>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
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	925 SOUTH FEDERAL HWY SUITE 425				
CITY-ST-ZIP	BOCA RATON, FL 33432				
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01312008 Chg-LP CR2E003 (12/06)

4. FEI Number **58-1713200** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

400121794004
 04/01/08--01019--014 **\$500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Car/line Phone #