HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 DEC 17 DV -

			JOURGII PM	2・	
1. Name of Limited Partnership	1a. DOCUMENT # A93000000553			۷٠ ۲۰	
THE LEVEEN FAMILY PARTNERSHIP, LTD.			1 100(01) 1015 15105 (141) 00111 0		
			00 12/25		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
			05/06/4000	Shown on record.	
420 S. CONGRESS AVE.	420 S. CONGRESS AVE.		05/26/1993	\$9,000.00	
DELRAY BEACH FL 33445	DELRAY BEACH FL 33445		3a. Date of Last Report		
			01/02/1998	5b. Amount of Capital Contributions in FLORIDA	
		_,	4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address]	1	
			FL]	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	6. FEI Number	Applied For	
			65-0420957	Not Applicable	
City & State	City & State		7. Certificate of Status Desired	 -	
Zip Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Godiniy	τip	Codinay	8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
					
9. Name and Address of Current Reg	Jistered Agent	10. If changed, new Registered Agent/Office			
LEVENGER COMPANY		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
ATTN: STEVEN LEVEEEN					
420 S. CONGRESS AVE.		Suite, Apt. #, etc.			
DELRAY BEACH FL 33445		City		Zip Code	
		<u> </u>		FL	
10a. Pursuant to the provisions 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, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/				
LEVENGER COMPANY	420 SOUTH CONGRESS AV	DELRAY BEACH FL 33445	L94604				
		-12/28/	241122 9801143001 1.75 ****151.75				

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	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 1	19.07(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 p	ublic access. I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall hava the same legal effects as if made under oath. I further certify that I am	General Partner of the limited partnership, receiver or trustee
	empowered to exceed this report as an affired by chapter 620, Florida Situtes.	A
		DATE 11 December 1998
310	NONIATURE	
שוכ	SIGNATURE	DATE

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

0000116